DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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2, and 3 to PM3. Page

Give Pages 1,

in Item 1

This certificate should be executed within 24 hours ofter death.

the certificote, writing the word "pending" in pencil in 4 shauld be forwarded to the Chief Medicol Examiner's

execute the certificote,

funeral directar.

CICAL EXAMINER:

af with the State Deportment Othe olong with farm poges permit. File burial-transit 0 OS 3 should b

hours ofter deoth event within any .⊆ removal, moy be retained for your FUNERAL DIRECTOR: Page be retained priar to

MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) b. COUNTY. Prince George's o. STATE Maryland o. COUNTY Prince George's

b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b DOA Hvattsville Cheverly e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS 725 Chillum Heights Drive NO X Prince George's General Hospital 3 NAME OF Year DECEASED 19 67 Abernathy (Type or print) Frank Benjamin DEATH S. SEX 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED Inst birthdoy) Months Hours WIDOWED 1-15-11 white DIVORCED male 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired)
Salesman COUNTRY? INDUSTRY Maiden N. C. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME George P. Abernathy Bertha Mae Cloninger 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wor or dotes of service 16. SOCIAL SECURITY NO. 17. INFORMANT Geo. Abernathy 1207 Dalewood Dr. SII. Spg. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY Pulmonary atelectasis IMMEDIATE CAUSE (o)\_ -DHF-TA-Conditions, if ony, which gove and bronchial aspiration (b) rise to immediate couse (a). -DUE-TOstoting the underlying couse and cirrhosis of liver with fatty changes PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES X NO 200 EXTERNAL CALISE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20e. PLACE OF INJURY (Home, form, (City or town) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (Stote) Hour o.m. foctory, street, office bldg., etc.) Not While ot wark ot work 21. I certify that I taok charge of the remains described above, held an Autapsy X, Inspection X Inquiry X, death resulted fram: Natoral causes (X) Undetermined manner Accident Suicide | Homicide CHIEF MEDICAL EXAMINER

and in my apinian ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 3-5-67 DEPUTY MEDICAL EXAMINER X NAME (Type) John Kehoe M.D. Riverdale, Maryland Address (Street, city, tawn, or county) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, 3-6-67 Hickory Grove Church 医MGYAL 与pecify) Gaston N. C. 2Sq. REC'D BY REGISTRAR 2Sb. REGISTRAR'S\_SIGNATURE Withelm 4308 Suitland Rd. Suitland Md. DATE

VR A15ME (5)

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

03998		CERTIFICAT	E OF DEATH	0	3997	
1. PLACE OF DEATH			2 USUAL RESIDENCE (	Where deceased lived, if institution	n: Residence befar	re admission)
o. COUNTY	ice George	MARYLAND	of STATE and	yland b. COUNT	Prince	Goorge
	autside carporate limits,	/ I c. LENGTH OF STAY IN 1b		itside carparate limits, write RURA	and give negres	st town)
write RURAL ond Lanhan	give nearest town)	10 days	Bell Me	ade (Hyattsvill	le)	16-1
	ON INSTITUTION (If not in he lover Lane	aspital, give street address)	d. STREET ADDRESS 4300	75th Ave.		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Henry First	Middle L •	Adams, Jr.	4. DATE Month OF March	Day	y Year 19 <b>67</b>
S. SEX Male	2.72 . 4	ARRIED NEVER MARRIED DOWED DIVORCED	8. DATE OF BIRTH  Jan. 3, 189	11 11 11 11 11 11	Manths Days	Hours Min.
10a. USUAL OCCUPATION during most of warking li	Give kind af wark dane seven if retired)	10b. KIND OF BUSINESS OR UINDUSTRY Gov.		& Stote, or fareign country) on, D. C.	12. CITIZEN OF	F WHAT
13. FATHER'S NAME	L. Adams, Sr	./	14. MOTHER'S MAIDEN I	Badcock		
1S. WAS DECEASED EVER (Yes, na runknawn) (	IN U.S. ARMED FORCES? If yes give war a dates of servi		. INFORMANT Mary P. Adams	Address S ( Same as # 2		
	ATH (Enter anly one cause per I WAS CAUSED BY: IMMEDIATE CAUSE (a)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			ON	TERVAL BETWEEN NSET AND DEATH
Canditians, if any, rise to immediate stating the underlast.	which gave (b)	Arteriosclerotic	renal vascul	ar disease	over	6 mo.
PART II. OTHER SIG		BUTING TO DEATH BUT NOT RELATED TO	O THE TERMINAL DISEASE CON	IDITION GIVEN IN PART 1(a)		WAS AUTOPSY PERFORMED?
200. ACCIDENT WAS I	CAUSE OF DEATH	20b. DESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Part I ar Part II of item 18.)		
20c. TIME OF INJUR Haur a.m.	10		PLACE OF INJURY (Home, farm actary, street, affice bldg., etc.)		(Caunty)	(State)
21. I certify	that (I) (this hospital)	attended the deceased from	, l nat death accurred at	9_53, to3_8_ 5:004mfrom causes at	, 19 <mark>6.7</mark> , th nd an the dat	hat (I) (we) last te stoted abave
22a. SIGNATURE	Arh	by 11.	M.D. PHYS.	MED. STAFF DIRECTOR PHYS.	22b. DATE SIGN	
22c. PHYSICIAN'S NAME (Type)	John Kehoe, M	1.5	22d. ADDRESS 6300 River	rdale Rd., Rive		Md.
23a. BURIAL, CREMATION BREMOVAL (Specify)	, Z3b. DATE THEREOF	23c. NAME OF CEMETERY CO. 1967 Fort Lincol		23d. LOCATION (City or Town		
24. FUNERAL DIRECTOR F. Gas		ADDRESS	2So. REC'I	RY PEGISTRAP 25h PEGI	STRAR'S SIGNATU	RF

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and shauld be filed with the State Dept. at Health priar ta burial, crematian, ar remaval and and event, within 72 haurs after deat Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 25M 1/67

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TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any deloy is

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

L/ 1 7 1 4 7 4 7 4 7	MEDICAL EXAMINER'S	S CERTIFICATE U	r DEATH	198
1. PLACE OF DEATH			Where deceosed lived, if institution: Resi	dence before odmission)
o. COUNTY	MARYLAND	Maryland	Prince G	eorge Is
b. CITY OR TOWN (If outside carporate		c CITY OR TOWN (If ou	tside corporate limits, write RURAL ond	give neorest town)
write RURAL and give nearest town		`		11.1
Riverdale	DOA	Beltsvil	Te	e. IS RESIDENCE
d. NAME OF HOSPITAL OR INSTITUTION	(If not in hospitol, give street oddress)	G. SIKEEL ADDRESS		ON A FARM?
Leland Memorial H	ospital	3108 Craig	lawn Road	YES NO 🔀
3. NAME OF	First Middle	Lost	4. DATE Month	Doy Year
DECEASED (Type or print)	Barry	Adkins	OF DEATH 3	23 19 67
S. SEX 6. COLOR OR RACI		8. DATE OF BIRTH	9. AGE (In years   IF UNI	DER 1 YEAR   IF UNDER 24 HRS.
	WIDOWED DIVORCED	/ 00 3053	ast birthdoy) Month	s Doys Hours Min.
male white 10a. USUAL OCCUPATION (Give kind of wark		6-30-1951	15 yrs.	CITIZEN OF WHAT
during most of working life, even if retired)	INDUSTRY	11. BIKIMPLACE (Store	or foreign cou (7)	COUNTRY?
Student		Minn 14. MOTHER'S MAIDEN N		
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	IAME	
Arthur A	dkins	Bett	y Schorey	
15. WAS DECEASED EVER IN U.S. ARMED FOR (Yes, no, or unknown) (If yes give wor or de	CES? 16. SOCIAL SECURITY NO. 17	. INFORMANT	Address	
(Yes, no, or unknown) (If yes give wor or do	otes of service)	A 12 A 21	kins Same as	2 D
No		Arthur Ad	kins bame as	INTERVAL BETWEEN
1B. CAUSE OF DEATH (Enter only on PART I. DEATH WAS CAUSED BY:				ONSET AND DEATH
IMMEDIATE C	AUSE (a) Hemorrhage and sh			
8124	DUE TO Compound occipita			
Conditions, if only, which gove rise to immediate couse (o),	(b) Multiple fracture	s of left le	7	
stoting the underlying couse	DUE TO			
last.	(c)	100		
PART II. OTHER SIGNIFICANT CONDITION	NS CONTRIBUTING TO DEATH BUT NOT RELATED T	O THE TERMINAL DISEASE CON	IDITION GIVEN IN PART 1(o)	19. WAS AUTOPSY
NOL				PERFORMED?
200. EXTERNAL CAUSE WAS	20b. DESCRIBE HOW INJURY OCCURRE	D /F-4 4 6 1 1 1	Dark Land Dark Hart Starre 10 )	YES NO X
	I JUN DESERBE MOW INDICKY OUTLIERE			
PRIMAR CONTRIBUTING				
PRIMARYX or CONTRIBUTING				
200. EXTERNAL CAUSE WAS PRIMAR X Or CONTRIBUTING CAUSE OF DEATH.  20c. TIME OF INJURY Month, Day, Ye				(Caunty) (Stote)
PRIMARYIC OF CONTRIBUTING CAUSE OF DEATH.  20c. TIME OF INJURY Month, Day, Ye Hour a.m.  PRIMARYIC OF CONTRIBUTING CAUSE OF DEATH.				(Caunty) (State)
PRIMARY OF CONTRIBUTING CAUSE OF DEATH.  20c. TIME OF INJURY Month, Day, Ye Hour a.m.  9:22pm p.m. 3-23-  21 certify that I took of				(Caunty) (State)
20c. TIME OF INJURY Month, Day, Ye Hour a.m. 9:22pm P.m. 3-23- 21.   certify that I taak ch	Pedestrian stm  20d. INJURY OCCURRED 20e. F  While Not While of otwork of work 370  targe af the remains described above,	plack by car. PLACE OF INJURY (Home, form forther, street, office bldg., etc.) O block Powd, held an Autapsy,	er Mill Rd., Belt. Inspection , Inquiry &	(Caunty) (Stote) sville, Md. ], and in my apinia
20c. TIME OF INJURY Month, Day, Ye Hour a.m. 9:22pm P.m. 3-23- 21.   certify that I taak ch	Pedestrian stm  20d. INJURY OCCURRED 20e. F  While Not While of otwork of work 370  targe af the remains described above,	plack by car. PLACE OF INJURY (Home, form foctory, street, office bldg., etc.) O block Powd, held an Autapsy, uicide, Hamicide	er Mill Rd Belt Inspection, Inquiry	(Caunty) (Stote) sville, Md. ], and in my apinia
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20c. TIME OF INJURY Month, Day, Ye Hour a.m.  9:22pm p.m. 3-23- 21. I certify that I taak ch death resulted fram: No	Pedestrian stm  20d. INJURY OCCURRED 20e. F  While Not While of otwork of work 370  targe af the remains described above,	PLACE OF INJURY (Home, form foctory, street, office bldg., etc.)  100 block Powd, held an Autapsy [], uicide [], Hamicide CHIEF MEDICAL M.D. ASSISTANT MED DEPUTY MEDICAL	20f. (City or town)  er Mill Rd Belt Inspection , Inquiry , Undetermined manner	
20c. TIME OF INJURY Month, Day, Ye Hour a.m.  9:22pm p.m. 3-23- 21.   certify that I taak che death resulted fram: No ACTUAL SIGNATURE  EXAMINER'S NAME (Type)  230. BURIAL CREMATION.   23b. DAY	Pedestrian stm  20d. INJURY OCCURRED While of work of work 370 narge af the remains described above, attural causes Accident , Si	PLACE OF INJURY (Home, form foctory, street, office bldg., etc.)  OO block Powd, held an Autapsy [], uicide [], Hamicide CHIEF MEDICAL M.D. ASSISTANT MED DEPUTY MEDICA Address (Street	20f. (City or town)  Print Mill Rd Belt Inspection , Inquiry , Inq	22. DATE SIGNED
20c. TIME OF INJURY Month, Day, Ye Hour a.m.  9:22pm p.m. 3-23- 21.   certify that I taak che death resulted fram: No ACTUAL SIGNATURE  EXAMINER'S NAME (Type)  230. BURIAL CREMATION.   23b. DAY	Pedestrian stm  20d. INJURY OCCURRED While Not While of work 370 arge of the remains described above, atural causes Accident , Si  Riverdale, Mc E THEREOF 23c. NAME OF CEMETERY C	peace by car produced by car form forces of INJURY (Home, form forces), street, office bldg., etc.)  O block Powd, held an Autapsy, uicide, Hamicide, Hamicide, CHIEF MEDICAL ASSISTANT MED DEPUTY MEDICA Address (Street DR CREMATORY	Inspection Inquiry	22. DATE SIGNED  3-24-67  (Caunty) (Stote)
20c. TIME OF INJURY Month, Day, Ye Hour a.m.  9:22pm p.m. 3-23- 21. I certify that I taak ch death resulted fram: No ACTUAL SIGNATURE  EXAMINER'S NAME (Type)  230. BURNAVAL (Specific).  230. BURNAVAL (Specific).  230. DAT	Pedestrian stm  20d. INJURY OCCURRED  1967 While Not While of work of work of work at the large af the remains described above, at the large at at the la	PLACE OF INJURY (Home, form foctory, street, office bldg., etc.)  O block Powd. held an Autapsy, uicide, Hamicide ASSISTANT MED DEPUTY MEDICAL Address (Street OR CREMATORY	Der Mill Rd Belt Inspection , Inquiry , Inspection , Inquiry , Inq	22. DATE SIGNED  3-24-67  (Caunty) (Stote)

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Health prior to burial, cremation, or removal, and in ony event within 72 hours ofter death

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	04000			CLKII	IICAIL	OF DEATH			いつうつう	
1.	PLACE OF DEATH a. COUNTY Prince G	Georges		MA	RYLAND	2. USUAL RESIDENCE (V a. STATE Maryland		b. COUN ce Ge	TY	fare admission)
	b. CITY OR TOWN (	If autside corporate limit	s,	18 hrs.3		c. CITY OR TOWN (If au  Hillside	tside carparate limit	s, write RUR	AL and give nea	rest tawn)
	d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street oddress)  Prince Georges General HOspital					d. STREET ADDRESS	St.			e. IS RESIDENCE ON A FARM? YES NO 3
3.	NAME OF DECEASED (Type or print)	F	irst orge	Middle		Last Ammon	4. DATE OF DEATH	Manth	_	1 year
5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRI	IED   8	. DATE OF BIRTH	9. AGE (		IF UNDER 1 YEA Months Day	R IF UNDER 24 HR
Do	Male . USUAL OCCUPATION	White (Give kind of work done	1Db. K1	ND OF BUSINESS OR	ED [	5/8/85 11. BIRTHPLACE (County )	81 State, ar fareign cau	yrs. entry)	12. CITIZEN	
	Retired	life, even if retired)	Con	oustry struction	1		ington D.	C.	COUNTR	Å
13.	FATHER'S NAME  Ge	eorge Ammon				14. MOTHER'S MAIDEN N	e Dant			
15	WAS DECEASED EVI es, na, or unknawn)	R IN U.S. ARMED FORCES? (If yes give war ar dates	af service)	SOCIAL SECURITY NO.		nformant ily E Payne	Blad	Addres ensbu	rg, Md.	
		EATH (Enter anly one co TH WAS CAUSED BY:			arcu	ierre of L	une and	I lee	6	NTERVAL BETWEEN ONSET AND DEATH
7	Conditions, if any rise to immedio stating the under last.	TH WAS CAUSED BY:  IMMEDIATE CAUSE  DUE  To which gave the cause (a),  orlying cause	(a) Med 10 (b)	Previon	u	known HE TERMINAL DISEASE CON			er !	ONSET AND DEATH
CERTIFICATION	Conditions, if any rise to immedia stating the undelast.  PART II. OTHER S  20a. ACCIDENT WA OR CONTRIBUTING	TH WAS CAUSED BY:  IMMEDIATE CAUSE  OUE  I, which gave the cause (a), brilying cause  IGNIFICANT CONDITIONS (IC)  S UNDERLYING  CAUSE OF DEATH	(a) Med	Drewing O DEATH BUT NOT R	LLL	known	IDITION GIVEN IN PA	ιRT 1(α)	er !	ONSET AND DEATH
MEDICAL CERTIFICATION	Conditions, if any rise to immedio stating the undelost.  PART II. OTHER S  20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	TH WAS CAUSED BY:  IMMEDIATE CAUSE  IMMEDIATE CAUSE  OUE  I, which gave te cause (a),  orlying cause  DUE  SUNDERLYING  SUNDERLYING  MEDICAL EXAMINER)  DUE  MEDICAL EXAMINER  DUE  MENTY Manth, Day, Year  m.	(a) Med (b) (b) (c) (c) (CONTRIBUTING T	O DEATH BUT NOT R SCRIBE HOW INJURY	OCCURRED. (	RENOULL HE TERMINAL DISEASE CON	DITION GIVEN IN PAPart 1 or Part 11 of it	ιRT 1(α)	er !	9. WAS AUTOPSY PERFORMED?
MEDICAL CERTIFICATION	PART I. DEA  1990  Conditions, if any rise to immedio stating the underlost.  PART II. OTHER S  20a, ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY 2Dc. TIME OF 1N) Hour o. p.  21.   certi	TH WAS CAUSED BY:  IMMEDIATE CAUSE  OUE  IMMEDIATE CAUSE  OUE  IMMEDIATE CAUSE  DUE  IMMEDIATE CAUSE  OUE  IMMEDIATE CAUSE  OUE  OUE  OUE  OUE  OUE  OUE  OUE	(a) Med (b) TO (b) TO (c) CONTRIBUTING TO While at work spital) attends	O DEATH BUT NOT R  SCRIBE HOW INJURY  HJURY OCCURRED OF WORK TO STREET OF WORK TO ST	OCCURRED. (  2De. PLAC facto d fram_M	HE TERMINAL DISEASE CON Enter nature of injury in leter of INJURY (Hame, form	Part 1 or Part 11 of it	RT I(a) tem 18.) ar tawn)	(Caunty)  1, 1967, and an the d	9. WAS AUTOPSY PERFORMED? YES NO [ (State)
MEDICAL CERTIFICATION	PART I. DEA  1990  Conditions, if any rise to immedio stating the underlost.  PART II. OTHER S  20a, ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY 2Dc. TIME OF 1N) Hour o. p.  21.   certi	TH WAS CAUSED BY:  IMMEDIATE CAUSE  IMMEDIATE CAUSE  IMMEDIATE CAUSE  IMMEDIATE CAUSE  IMMEDIATE CAUSE  OUE  IMMEDIATE CAUSE  OUE  IMMEDIATE CAUSE  OUE  SUNDERLYING  IMMEDICAL EXAMINER)  IMMEDICAL EXAMINER  IMMEDICAL EXAMINER	(c) Medical (c) Me	O DEATH BUT NOT R  SCRIBE HOW INJURY  IJURY OCCURRED  At wark  ded the deceased  1, 1967,	OCCURRED. (  2De. PLAC facto d fram_M	HE TERMINAL DISEASE COME Tenter nature of injury in life OF INJURY (Hame, formary, street, affice bidg., etc.)  arch 20, , 1 death accurred at	DITION GIVEN IN PAPER	in term 18.)  or town)  or town)  or towns  or towns  or towns	(Caunty)  1, 1967, and an the d 22b. DATE SI March	9. WAS AUTOPSY PERFORMED? YES NO (State)  that (I) (we) late stated about GNED 22, 1967

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral

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	Fig.	78 , 18 jg		

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	04001	CERTIFICATE	OF DEATH	0.4	1000
1	PLACE OF DEATH  a. COUNTY  Prince Georges	MARYLAND	Maryland		eorges
	b. CITY OR TOWN (If autside corporate limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If autside	carparate limits, write RURAL and	give nearest tawn)
	write RURAL and give nearest town) Cheverly	l hr 45 mins	Seat Pleasa	ant	16-1
	d. NAME OF HOSPITAL OR INSTITUTION (If not in has	spital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
4	Prince Georges General	Hospital	829 Booker	Place	YES NO
3	. NAME OF First	Middle		DATE Month OF DEATH March	Day Year 9 19 67
S		ARRIED NEVER MARRIED 8	DATE OF BIRTH	last birthday) Manth	DER I YEAR   IF UNDER 24 HRS. ns Days Haurs Min.
	11020 0020200	10b. KIND OF BUSINESS OR INDUSTRY	March 9,1967	te, ar foreign cauntry) 12	COUNTRY?
L		INDUSTRI	Pr. Geo. Co		
1	3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
1 (	Michael L. Archie S. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, na, ar unknawn) (If yes give war ar dates af service	e) 16. SOCIAL SECURITY NO. 17. IN	Jacquelyn E	Clizabeth Taylor Address	·
F	CAUSE OF DEATH (Enter only one cause per leading to the part I. DEATH WAS CAUSED BY:	line for (a) (b), and (c).)	Teletasis		INTERVAL BETWEEN ONSET AND DEATH
	Canditions, if ony, which gave )	fine for (a)(b), and (c).)  filalizat a  framaturily	600 gras		
	rise to immediate cause (o), stating the underlying couse last. (c)		jvns.		
MILON	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBU	UTING TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CONDITION	ON GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES XX NO
CEPTICICATION		20b. DESCRIBE HOW INJURY OCCURRED. (	Enter noture of injury in Part	l ar Part II af item 18.)	
MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour o.m. p.m. 19		E OF INJURY (Home, farm, ary, street, office bldg., etc.)	20f. (City or town)	(County) (State)
	21. I certify that (I) (this haspital) saw the deceased alive on Mar.	attended the deceased from Mach 9, 1967, and that	death accurred at 10	:40%, fram causes and a	n the date stoted obov
	220. SIGNATURE	Phin M.D	D. PHYS. DIRE	CTAFE .	DATE SIGNED
	22c. PHYSICIAN'S NAME (Type) Albert I. Rol	bins, M.D.	22d. ADDRESS 1330 New Ha	mpshire Ave.NW	,Wash.D.C.
	33. BURIAL, CREMATION, REMOVAL (Specify) Cremation 3/18/67			23d. LOCATION (City or Town)  Cheverly REGISTRAR 25b REGISTRAF	
	Marry W. Penn Jr Adm	Cheverly, Man		1 1967 Filian	Ces Turke

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carban papers. Pages and 2 TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital or attending physician.

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Year

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH by the funeral Pages 1 and depth PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) d. STATE Maryland b. COUNTY PrinceGeorges a. COUNTY filled in by the fune n papers. Pages 1 a ithin 72 haurs after d Prince Georges MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give negrest town) New Carrollton Cheverlt 1 day d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS Prince Georges General Hospital 8217 Ouentin Street 3. NAME OF Middle 4 DATE remave itarban event, with Last Manth DECEASED E Aukerman (Type ar print) Sarah March DEATH S. SEX 9. AGE (In years last birthday) 6. COLOR OR RACE 8 DATE OF BIRTH 7. MARRIED NEVER MARRIED WIDOWED 😿 and in any DIVORCED Female White 21 June 1885 81 11. BIRTHPLACE (Caunty & State, ar fareign country) 10o, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR physician c during mast of warking life, even if retired) INDUSTRY Pennsylvania Housewife. own home 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME ar remaval, Mary Campbell George Coleman attending p 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wor or dates af service) 17. INFORMANT 16. SOCIAL SECURITY NO. Address Emma ane Mc Quown New Carrollton, Md. 94 26 1779 no crematian, 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) burial-transit PART I. DEATH WAS CAUSED BY: Vascular IMMEDIATE CAUSE (a) DUF TO burial, Conditions, if any, which gave rise to immediate cause (a). DUE TO stating the underlying cause peen as the priar tal PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) this certificate has USe Health 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) detached fo te Dept. af H (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) 20c. TIME OF INJURY Month, Day, Year Haur 'a.m. factory, street, affice bldg., etc.) Not While After at wark at wark 21. I certify that (I) (this haspital) attended the deceased fram shauld ith the ,50 M, fram causes and an the date stated abave. and that death occurred at DIRECTOR: saw the deceased alive on\_ 22a. SIGNATURE MED. STAFF DIRECTOR directar, page shauld be filed 22d. ADDRESS 22c. PHYSICIAN'S FUNERAL NAME (Type Riverdale. Md. Jøhn &Kehoe . M.D. 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL CREMATION. 23b. DATE THEREOF 23d. LOCATION (City or Town) REMOVAL (Specify) United Brothern Cemetery lar 23, 1967 Lycippus Burial 9 24. FUNERAL DIRECTOR 2Sb. F. Gasch's Sons Hyattsville, Md.

OR ATTENDING PHYSICIAN: The law reauires that the death certificate be executed within 24 haurs after death. by the haspital ar attending physician. be retained Page 4 may

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. nd completely filled in by the funera emaye carban papers. Pages 1 and emy event, within 72 haurs after sea and completely fill remaye carban p physician ien pleas and burial, crematian, ar remaval, attending p burial-transit þ be retained by the haspital ar attending physician. signed l as the priar tal has been director, page 3 shauld be detached far use shauld be filed with the State Dept. of Health FUNERAL DIRECTOR: After this certificate 0

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CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND Prince George Prince George b. CITY OR TOWN (If outside corporate limits. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b write RURAL and give nearest town) Landover Landover d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 75th Avenue YES NO 75th Avenue 4. DATE 3. NAME OF Middle First Last Dov Year DECEASED STORATH 1967 (Type or print) VICTOR COLLINS March SEX 7. MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE DATE OF BIRTH AGE (In years **NEVER MARRIED** last birthdoy) Months Hours WIDOWED DIVORCED 1914 Male Cauc 10o. USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) COUNTRY during most of working life, even if retired)
Mechanic Virginia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Blake Balderson Unknown IS. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service) 17. INFORMANT Address 16. SOCIAL SECURITY NO. Wife 578-07-753 BALDERSON None INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO CARCINOMA Conditions, if ony, which gave rise to immediate couse (a). DUE TO stoting the underlying cause (c) 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) PERFORMED? CERTIFICATION NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) Not While 19 ot work 21. I certify that (I) (this haspital) attended the deceased from from causes and an the date stated above and that death accurred at 6 saw the deceased alive an 220 SIGNATURE MED. DIRECTOR **ATTENDING** M.D. PHYS PHYS PHYSICIAN'S NAME (Type) 22d. ADDRESS LEONARD 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (Kity or Town) (County) (Stote) REMOVAL (Specify) Burial Rannahannoch Ch Cem Va Newland 24. FUNERAL DIRECTOR Par REGISTRAR'S SIGNATURE

Hone, 300 4th St NE. Wash,

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		MARYL	AND STATE DEPARTM	MENT OF HE	ALTH	
	DIVISION OF	VITAL RECORI	os, 301 W. PRESTON ST	REET, BALTIN	ORE, MARYLAN	21201
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OF DEATH		1	1 2. U	SUAL RESIDENCE	(Where deceased live	d. if institu

		04004		CERTIFICATE	OF DEATH		04003
		PLACE OF DEATH	7		2. USUAL RESIDENCE (V	Where deceased lived, if institution b. COUNTY	
		PRINCELI	Eorges	MARYLAND	11914	LANCK	TRINCE CTEO.
	ı	<ul> <li>b. CITY OR TOWN (If outside corporate write RURAL and give neafest town)</li> </ul>	firmits, c. LENC	GTH OF STAY IN 1b	V . T	tside corpolote lingits, write RURAI	ond give neorest town)
	_	HOTES IVI	LLE	10 days	d. STREET ADDRESS	MIGHIS	e. IS RESIDENCE
)	4	1	Ursing The	1 mel	7502)	To territore to	ON A FARM? YES NO
	3.	NAME OF	First First	Middle	lost	4. DATE Month	Doy Year
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	S. 5	6. COLOR OR RACE		EVER MARRIED   8	DATE OF BIRTH	9. AGE (in years	Months Doys Hours Min.
		T. W	WIDOWED 🔽	DIVORCED	5/6/19	11 55 yrs.	
	IDo. duri	. USUAL OCCUPATION (Give kind of work on most of working liter, even if retired)	done IDb. KIND OF BU INDUSTRY	USINESS OR	IN BIRTHPLACE (County)	& State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	13.	FATHER'S NAME			14. MOTHER'S MAIDEN N		
		Charles W. Griese			Olie Mcl	Durman	
	15. (Ye	WAS DECEASED EVER IN U.S. ARMED FOR is, no, or unknown) (If yes give wor or do	CES? 16. SOCIAL SE		NFORMANT	Address	Chamadan T11
					rie Ebert	209 W. Park St	
		<ol> <li>CAUSE OF DEATH (Enter only on PART I. DEATH WAS CAUSED BY:</li> </ol>		and (c).)	· Sino	1. Pue	ONSET AND DEATH
		1810 IMMEDIATE C	DUE TO	Trogs Co	- detac	Divi	
		Conditions, if any, which gove	(b)	Vekydr	ation 9	monte	on I month
	-	rise to immediate couse (a), stating the underlying couse	DUE TO	-1	000/	1 12. ( 1	10 1 100
		last.	(c) 18-1	celoma	of blass	w chillesprea	instesses mo
2	NO	PART II. OTHER SIGNIFICANT CONDITIO	NS CONTRIBUTING TO DEATH	BUT NOT RELATED TO T	HE FERMINAL DISEASE CON	IDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED?
	FICATI	20o. ACCIDENT WAS UNDERLYING	my From	wa f	on Felen	er Dowelds	Loucker YES NO
	L CERTIFICATION	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ZOB. DESCRIBE H	OW INJURY OCCURRED. (	enter nature of injury in i	Part I or Part II of item 18.)	
	MEDICAL	20c. TIME OF INJURY Month, Doy, Ye Hour o.m.	While No	of While focto	E OF INJURY (Home, form ory, street, office bldg., etc.)		(County) (Stote)
		p.m. 21. I certify that (I) (this,	Ol Molk	twork L	thurany	67 march 1	1967 that (I) (we) last
		saw the deseased alive a					and an the date stated above.
		290. SILBNATURE	1) . ()		ATTENDING -	MED. STAFF	22b. DATE SIGNED
		felvenos	Jamen.	M.D	PHYS. 22d. ADDRESS	DIRECTOR L PHYS. L	3/14/07
1		NAME (Type)	NIX	ILNCHI	N OKOS	MARIRA	AD PINECE
	230	. BURIAL, CREMATION, 23b. DAT	E THEREOF 23c.	NAME OF CEMETERY OR C		23d. LOCATION (City or Town	(County) (State)
		DEMOVAL (Coocies)		alumet Park		Crown Point	Indiana
	24	. FUNERAL DIRECTOR Obert E	. Wilhelm Fur	Home Home		BY REGISTRAR 25b. REGIS	STRAR'S SIGNATURE
		4308 Suitland R	oad Suitland	d Maryland	MAR 2	0 1967 Julia	res judge

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely tilled in by the tonegal director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Poges 1 and 2 should be filed with the State Dept. of Health prior ta burial, crematian, or removal, and in any event, within 72 hours ofter death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours offer death. Page 4 may be retained by the hospital or ottending physician.

CHENT HURSTED TO COME TO SEED THE TOWN PONT Service State of the State of t THE REST COUNTY OF THE PARTY OF my shirt dellar wall I had a toon of the one tree I made Carcillance of weedless of which and take In Directory Francis Line Electron Line and States Contract of the second of the KELVIN L. KINCHILL CERPTRELEDITO ENES ner to go mint to readment in relation for the total of the first of t

death. funeral and carbon papers. Pages 1 ant, within 72 hours after Pages filled in 10 and completely lease remove card and in any event, releas physician removal, attending phermit. Then and TO FUNERAL DIRECTOR: After this certificate has been signed by the atten director, page 3 should be detached for use as the burial-transit permit. should be filed with the State Dept. of Health prior to burial, cremation, or Notified Page 4 may be retained by the hospital or attending physician. Med. Deputy

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OR ATTENDING PHYSICIAN: The law requires that the death certificate be

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 4005 PLACE OF DEATH a. COUNTY Pr. Geo. MARYLAND b. CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b

USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) b. COUNTY Pr. Gee. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

COTTEGE I	ark.	) 1rs.	OOTTERE L	WT.K	16-1
		not in hospital, give street address	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
9004 St.	Andrews Place		9004 St.	Andrews Place	YES ND E
3. NAME DF DECEASED (Type or print)	Katharine	Kaes Middle Beckw	i <b>th</b>	4. DATE Month	
5. SEX Female	TiPle of Acad	IARRIED NEVER MARRIED DIVDRCED DIVDRCED	8. OATE OF BIRTH 24 May 1893		IF UNDER 1 YEAR IF UNDER 24 HRS.  Months Oays Hours Min.
	TION (Give kind of work done king life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY Dept. Store	Germany	County & State, or foreign country	12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAM	cob Kaes		14. MOTHER'S MAI	oen name Gohres	
	EVER IN U.S. ARMED FORCES (If yes give war or dates of servi	ce)	headere R. E	Addresseckwith S	ame as # 2
	DEATH [Enter only one cau EATH WAS CAUSED BY: IMMEDIATE CAUSE (a	se per line for (a) (b) and (c).]	tent Klay	+ Jailine	INTERVAL BETWEEN ONSET AND OEATH
4221 Cenditions, If	any, which ) OUE TO	Ortero po		cardio	
cause (a), s underlying caus	Immediate OUE TD	oass	uler c	descere	
PART II. OTHER	SIGNIFICANT CONDITIONS	ONTRIBUTING TO DEATH BUT NOT RE	LAYED TO THE TERMINAL	OISEASE CONDITION GIVEN IN	PART 1(a) 19. WAS AUTDPSY PERFORMED? YES ND

2Da. ACCIDENT WAS UNDERLYING TO DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NDTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year

p.m.

saw the deceased alive

2Dd. INJURY OCCURRED While Not While at work at work

20e. PLACE DF INJURY (Home, farm, factory, street, office bldg., etc.)

OESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)

20f. (City or town) (County)

(State)

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7	and that	dooth	occurred	at 97 M.	from	the cause	s and	on the	date state	d above
	anu that	ucaui	Occurred	at Iti	HOIII	tile cause.	3 unu	OH THE	duto stato.	u door

SIGNATURE PHYSICIANIS NAME (Type)

21. I certify that (I) (this hospital) attended the decea

ATTENDING PHYS. 22d. AOORESS MED. DIRECTOR

DATE THEREDE BURIAL, CREMATION, 23b. Entemoyal (Specify) 3/6/67

Francis Gasch's Sens

NAME OF CEMETERY OR CREMATORY Ft. Lincoln Masoleum

23d. LOCATION (City, town or county

STAFF

24. FUNERAL DIRECTOR

Hyattsville. Md.

Colmar Manor 25a. REC'D BY REGISTRAR 67 REMSTAR'S SIGNAT DATE

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	PLACE OF DEATH	orges		MARY	LAND	2. USUAL RESIDENCE a. STATE Maryland	(Where decease	d lived, if institut b. COUR Prince	NTY		admission)	
t	o. CITY OR TOWN (I	f outside corporate limits	,	c. LENGTH OF STAY IN	1 lb	c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest tawn)						
(	Cheverly	give nearest town)		3 days 5	hrs.	Bowie			10	6-1		
		orges Gener				d. STREET ADDRESS 2804 Bela	ir Driv	re			ON A FAR	M?
	NAME OF	Fir	st	Middle		Last	4. DATE	Mant	h	Day	Year	
(	Type ar print)	Sus	sie	F.		Bedell	OF DEATH	Mar		31		
1	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8.	DATE OF BIRTH	9.	AGE (In years	IF UNDER Manths	1 YEAR Days	IF UNDER 2 Haurs	4 HRS. Min.
ē	emale	White	WIDOWED	DIVORCED		Oct.16,187		91 yrs.				71111.
o.	USUAL OCCUPATION ng most of working I	(Give kind af wark dane life, even if retired)		ND OF BUSINESS OR DUSTRY		11. BIRTHPLACE (Coun Brooklyn,			12. CI1	IZEN OF UNTRY? USA	WHAT	
3.	FATHER'S NAME					14. MOTHER'S MAIDEN						
	David	S. Browe	r			Susan	M. Re	binson				
15. (Ye:	s, na, or unknawn)	R IN U.S. ARMED FORCES? (If yes give war ar dates a	f service) 241			rs. Suzie	MacClar	430Add		m.,A	la.	
		ATH (Enter only one cour H WAS CAUSED BY: IMMEDIATE CAUSE		(a), (b), ond (c).) Cardiac	arr	est.					ERVAL BETWI	
-	420	/ DUE		7 ~~		1.09	T.					
	Conditions, if any, rise to immediate stating the under last.	lying cause DUE	(b)	foute Mys Goronary	Hear	t Disca	el					
CEKTIFICATION	PART II. OTHER SIG	ENIFICANT CONDITIONS CO									WAS AUTOP PERFORMED S NO	SY )?
- 1	20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY		20b. DE	SCRIBE HOW INJURY OC	CURRED. (	Enter noture of injury i	n Part I or Port	II of item 18.)				
MEDICAL	20c. TIME OF INJU Haur o.n	10	20d. IN While at wark			E OF INJURY (Home, fa ry, street, office bldg., et		(City ar town)	(Cor	unty)	(Sto	ate)
1	21. I certif	y that (this hos	pital) atten	ded the deceosed	from_M	arch 27,	19.67 , to	March 3	196	7, th	at (H) w	e) la
		eceased olive an_1	March 3	1967_,	ind that	death occurred	13:02 M	from couses				abov
	22a. SIGNATURE	Ween	aude	an	M.D		MED. AM	STAFF PHYS.		ate sign	31, 19	967
	22c. PHYSICIAN'S		ondor	M D		Prince G	enroes	General	Hospi	tal		
	NAME (Type)	W. Herr	landez.	H.D.		1-11-11-00-0	corgeo	ocner ar				

**TO FUNERAL DIRECTOR:** After this certificate hos been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detoched for use as the burial-transit permit. Then please remove carbon popers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours ofter death. **TO HOSPITAL OR ATTENDING PHYSICIAN:** The low requires that the death certificate be executed within 24 hours ofter death. Page 4 may be retained by the hospital or attending physician. VR A15 (4) 20 M 1/66

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FOR STATE		04007  DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201  Thems 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH  04007	)6
HEALTH DEPT	1.	PLACE OF DEATH a. COUNTY Prince George's  MARYLAND  PLACE OF DEATH A. COUNTY  A. STATE B. COUNTY  MARYLAND  MARYLAND  MARYLAND  MARYLAND  MARYLAND	e befare admission)
2, and 3 ta PM3. Page partment of		b. CITY OR TOWN (If outside carporate limits, write RURAL and give write RURAL and give neorest tawn)  c. CENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carporate limits, write RURAL and give	nearest town)
f any 1, 2, rm Pr Depar		Laurel     5 days     Laurel       d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address)     d. STRFET ADDRESS	e. IS RESIDENCE ON A FARM?
ter death. If of Give Pages 1, ong with farm		1100 Main Street         106 Woodlawn Court           NAME OF DECEASED         First         Middle         Last         4. DATE OF OF         Manth	YFS NO Year
after death. If any delay 8. Give Pages 1, 2, and 3 along with farm PM3. Pawith Are State Department	S.	(Type or print) Hazel Frances Bell DEATH 3  SEX 6. COLOR OR RACF 7. MARRIFD № NEVFR MARRIED □ 8. DATE OF BIRTH 9. AGF (In years last birthday) Months I	11 19 67  YFAR IF UNDER 24 HRS.  Days Haurs Min.
em 1 Office and 2 death	100	Female white WIDOWFD DIVORCED 13 May 1913 53 yrs.   I I I I I I I I I I I I I I I I I I	IZFN OF WHAT
	_	ring most of working life, even if retired)  INDUSTRY  Reanoke, Virginia  FATHER'S NAME  14. MOTHER'S MAIDEN NAME	USA?
ed within in pencil in pencil is Examiner is File page 72 haurs a	15	John Lowery  Whipp Fannie Wit:  Was Deceased Ever IN U.S. ARMED FORCES?  16. SOCIAL SECURITY NO. 17. INFORMANT  Address	t
be executed within "pending" in pencil nief Medical Examine ansit permit. File pagent within 72 haurs of	(Y	(If yes give war ar dates af service) unk Mr. Stephen H. Bell, Same as #2	
This certificate shauld be executed within 24 icate, writing the ward "pending" in pencil in be farwarded to the Chief Medical Examiner's I be used as a burial-transit permit. File pages removal, and in any event within 72 haurs after		18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).)  PART I. DEATH WAS CAUSED BY:  IMMFDIATE CAUSE (a)  Exposure to cold	INTERVAL BETWEFN ONSET AND DFATH
shauld ne ward a the Ch burial-tra		Onditions, if any, which gave tise to immediate cause (a),	
certificate shauld writing the ward rwarded ta the Ch used as a burial-tra val, and in any ev		Isating the underlying cause last. (c)	
This certificate, writing be farwar	ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)	19. WAS AUTOPSY PERFORMED?  YES  NO
=	CERTIFICATION	20a. FXTERNAL CAUSE WAS PRIMARY Sor CONTRIBUTING CAUSE OF DEATH.  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)  Froze while sleeping in abandoned building	
■ 4 車 5 5 1	MEDICAL		o Maryland
MEDICAL EXAM lease execute the director. Page 4 stained for your DIRECTOR: Page to burial, crema		21. I certify that I took charge of the remains described abave, held an Autapsy x, Inspection x, Inquiry x, death resulted fram: Natural couses , Acident X, Suicide , Hamicide Undetermined manner	and in my apinian
MEDIC please directa retained DIRECT IT to bus		ACTUAL CHIFF MEDICAL EXAMINER	22. DATE SIGNEO
TO DEPUTY MENTA necessary, please es the funeral directar. 5 may be retained TO FUNERAL DIRECT Health priar to buring		SIGNATURE  EXAMINER'S  NAME (Type) John Kehoe, M.D. Riverdale, Md.  ASSISTANT MEDICAL EXAMINER  Address (Street, city, town, or county)	3-12-67
necessary, the funeral 5 may be 170 FUNERAL Health pria	23		(Caunty) (State)

VR A15ME (5) 6M 1/67

Roanoke, Virginia March 15, 1967 Fairview Cemetery, 2Sa. RFC'D BY REGISTRAR

24. FUNFRAL DIRFCTOR ADDRESS Harold S. Wade, 550 Wash. Bavd., Laurel, Maryland, MAR 14

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item #3 Film #G388 CERTIFICATE OF 04008 and completely filled in by the funeral remove carbon popers. Pages 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY b. COUNTY after ( Prince Georges MARYI AND District of Columbia requires that the death certificate be executed within 24 hours after b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) bon popers. Poge within 72 hours a write RURAL and give nearest town) Cheverly 44 days Washington d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET AODRESS Prince Georges General Hospital 1529-23rd St.S.E 3 NAME OF Middle Lost 4. DATE DECEASED Lillian podately Li/1/2/Pearl ony event, (Type or print) Rensen DEATH S. SEX AGE (In years 6. COLOR OR RACE B. DATE OF BIRTH 7 MARRIED NEVER MARRIED lost birthdoy) White 8/20/06 Female WIDOWED DIVORCED \*\* 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) please INDUSTRY attending physicion sermit. Then please and Maryland Housewife 14 MOTHER'S MAIDEN NAME or removal, May Polen Ella James H. Eaton 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. 320 (Yes, no, or unknown) (If yes give wor or dotes of service No Lawrence Eaton None cremation, 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). buriol-tronsit p PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (g) by the hospital or ottending physician DUE TO signed Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse this certificate has been d far use as the of Health prior to lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Dov. Year 20d. INJURY OCCURRED (City or town) Hour o.m. factory, street, office blda., etc.) Not While TO FUNERAL DIRECTOR: After at work ot work 21. I certify that (1) (this haspital) attended the deceased fram\_ be retained director, page 3 should should be filed with the saw the deceased alive an e 220. SIGNATURE

e. IS RESIDENCE ON A FARM? YES NO Year Month Dov IF UNDER Months Doys Hours 12. CITIZEN OF WHAT COUNTRY? Address Same as 2 INTERVAL BETWEEN ONSET AND DEATH 19. WAS AUTOPSY PERFORMED? NO S (County) (Stote) and that death accurred at 13.15 CM, from causes and an the date stated above. 22b. DATE SIGNED ATTENDING STAFF M.D. DIRECTOR PHYS. March 22, 1967 PHYS. 6501 Landover Rd. Cheverly, Md. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) Lee Crematory Washington 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATUR Lee Funeral Home. 300 4th. NE. Wash, DC MAR 2

VR A15 (4) 20 M 1/66

Page 4 moy

22c. PHYSICIAN'S

23o. BURIAL CREMATION.

REMOVAL (Specify)
Cremation

24. FUNERAL DIRECTOR

NAME (Type)

23b. DATE THEREO

3-22-67



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

04003	CERTIFICATE OF	DEATH	040	108
1. PLACE OF DEATH a. COUNTY Prince George	MARYLAND d.		of Columbia	1
b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest tawn)	c. LENGTH OF STAY IN 16 c. CIT	Y OR TOWN (If autside carporate I		nearest town)
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, given Sacred Heart Home, 5805 Que	ve street oddress) d. STI	REET ADDRESS 4703 W1	ndom Place	e. IS RESIDENCE ON A FARM? YES NO X
3. NAME OF First DECEASED (Type or print) Henrietta	Middle (NMI) Berch	Last 4. DATE	Month March	Day Year 3 19 67
S. SEX 6. COLOR OR RACE 7. MARRIED [ female white WIDOWED [	NEVER MARRIED B. DATE	OF BIRTH 9. A	GE (In years   IF UNDER 1	
	D OF BUSINESS OR USTRY WS	IRTHPLACE (Caunty & State, ar foreignshington, D.C.	COU	ZEN OF WHAT NTRY? Led States
13. FATHER'S NAME  John G. Berckmann			garet Doyle	
(Yes no ar unknown) (Iff yes give wor ar dates of service)	OCIAL SECURITY NO. 17, INFORM 0-44-8701 Sacre	d Heart Home, H	Address  Iyattsville.	Maryland
Canditians, if any, which gove nise to immediate cause (a), stoting the underlying couse last.  DUE TO  (b)  DUE TO  (c)	ignant Melanoma o	mestastases		2 years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE CONDITION GIVEN I	N PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  200. TIME OF INJURY Month, Day, Year Hour a.m.  201. INJ While	CRIBE HOW INJURY OCCURRED. (Enter n	ature of injury in Port I or Part II	of item 1B.)	
20c. TIME OF INJURY Month, Day, Year While of wark	Not While factory, stre	JURY (Hame, farm, 20f. (C et, affice bldg., etc.)	City ar town) (Cour	nty) (State)
21. I certify that (I) (this hospital) attend saw the deceased alive an 3-3		10 , 1943 ta h occurred at 10:45 M, t	fram causes and an th	
22a. SIGNATURE FCellins	M.D. PH	TENDING MED.  YS. DIRECTOR	STAFF 22b. DA	TE SIGNED
22c. PHYSICIAN'S NAME (Type) Thomas F. Col	lins 2		N. E. Washi	Ington, DC
23d. BURIAL (REMATION, BEMOVAI (Specify) Burial Mar 6,1967	23c. NAME OF CEMETERY OR CREMAT Mt. Olivet Ce	metery Wash	ington. D.	
Burial" Mar 6,1967  24. FUNERAL DIRECTOR Joseph Gawler's Washington, D	s Sons	25g. REC'D BY REGISTRAR MAR 9 196	7 Filestran's significantes	GNATURE

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carbon papers. Pages Pages shauld be filed with the State Dept. af Health priar ta burial, crematian, ar remaval, and in any event, within 72 haurs of the deat Page 4 may be retained by the haspital or attending physician.

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

04010 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY b. COUNTY Prince George's Maryland Prince George s
b. CITY OR TOWN (If outside corporate limits, MARYLAND e Deportment delay c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b write RURAL and give nearest town) DOA Hillside Cheverly | DOA d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS form YES NO SC 1152 49th. Avenue Give Pages Prince George General Hospital e certificate, writing the word "pending" in pencil in Item 18. Give Pag shauld be forworded ta the Chief Medical Examiner's Office alon<u>g wi</u>th 3. NAME OF 4 DATE Middle Doy DECEASED 67 Beuchert 19 (Type or print) Mark DEATH IF UNDER 1 YEAR 9 AGF (In years IF UNDER 24 HRS. S SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED lost birthdoy) Dovs Hours any event within 72 hours after death. WIDOWED DIVORCED 21 Jan. 1960 white Male permit. File pages land 2 10o USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? INDUSTRY Student Maryland

14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME Donald Beuchert Shirley F. Curtin 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16. SOCIAL SECURITY NO. Address (Yes, no, or unknown) (If yes give wor or dotes of service) Donald F. Beuchert Same as Item #2 INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: burial-transit ONSET AND DEATH IMMEDIATE CAUSE (o) Burns - 100 % of body surface should DUF TO Conditions, if ony, which gove rise to immediate couse (a). and in ( DUE TO stoting the underlying couse 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) cremation, or remaval, PERFORMED? NO X the certificate, 3 should be 2Do. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) EXAMINER: CAUSE OF DEATH. Burned in house fire.

Dd. INJURY OCCURRED 2 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Month, Doy, Year (County) Hour o.m. While of work Ot work foctory, street, office bldg., etc.) may be retained far your FUNERAL DIRECTOR: Page same as #2 9:45 pm p.m. 3-12-Home 21. I certify that I taak charge of the remains described above, held an Autopsy , Inspection 😿 Inquiry 😿 and in my apinian Accident x death resulted fram: Natural causes Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER prior ta ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE funerol DEPUTY MEDICAL EXAMINER 5 may E O FUNER Health Riverdale, Md. A 3-13-67 NAME (Type) John/ Kehoe, M.D. Address (Street, city, town, or county) 230. BURIAL CREMATION 23b. DATE THEREOF 23d. LOCATION (City or Town) Mar. 15-67 Washington Nat'l. Cem. Suitland, Maryland ADDRESS as Bress, VR A15ME (5) Bros. 1661-Good Hope Rd SE Wash DC

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

FOR STATE 04011
HEALTH DEPT L. PLACE OF DEATH

in pencil in Item 18. Give Pages 1, 2, and 3 ta

the funeral directar. Page 4 should be farwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained far yaur files. TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages I and 2 with the State Department af

necessary, please execute the certificate, writing the ward "pending"

Health priar to burial, crematian, ar remaval, and in any event within 72 haurs after death.

TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 haurs after death. If any delay is

## MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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L. PLACE OF DEATH					tution: Residence before admission)
Princ	Prince George's MARYLAND		Maryland Prince George		
D. CITT ON TOWN (II	outside corporote limits, give neorest town)	c. LENGTH OF STAY IN 1b			RURAL and give nearest tawn)
Cheve	rly	DOA		Springs	16-1
d. NAME OF HOSPITAL	OR INSTITUTION (If not in hos	pitol, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
	e George's Ho		5206	Shopton Drive	YES NO 🔀
3. NAME OF DECEASED (Type or print)	First David	Middle <b>Jeffrey</b>	Black	05	onth Doy Year 31 19 67
S. SEX	6. COLOR OR RACE 7. MAR	RRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR   IF UNDER 24 HRS.
male	white WIDO	OWED DIVORCED	11-22-49	last birthdoy) yrs.	
10o. USUAL OCCUPATION (	Give kind of work done	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (Stote	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
during most of working lil	e, even it retired)	INDUSTRY	Washingto	n D. C.	USA
13. FATHER'S NAME			14. MOTHER'S MAIDEN		
Maxwell	Henry Black		Chris	tine Lollis	
IS WAS DECEASED EVED	IN II C ADMED EODCESS	16. SOCIAL SECURITY NO. 17.	INFORMANT		dress
(Yes, no, or unknown) (I	f yes give wor or dates of service	)	Christina Io	llis Stewart	Come As # 2
	TH (Enter only one cause per li		CHITISCINE LO	IIIS Stewart	Same AS # Z
PART I. DEATH	WAS CAUSED BY:				ONSEI AND DEATH
0.00	IMMEDIATE CAUSE (o)	Gun snot wo	und of chest		minutes
9190	DUE TO				
Conditions, if ony, v					
stoting the underly					
lost.	(c)				
PART II. OTHER SIG.	NIFICANT CONDITIONS CONTRIBU	TING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	NDITION GIVEN IN PART I(a)	19. WAS AUTOPSY PERFORMED?
A E					YES NO X
20a. EXTERNAL CAU	SE WAS 2	Ob. DESCRIBE HOW INJURY OCCURRED	). (Enter noture of injury in	Port I or Port II of item 18.)	
20g. EXTERNAL CAU PRIMARY Or CONT CAUSE OF DEATH.	RIBUTING	Shot by accide			
=			ACE OF INJURY (Home, form		(County) (Stote)
6:55PMp. 3		While Not While fo	ctory street office bldg., etc.	ve. Apt. B Su	
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					quiry 🗶, and in my apinian
death resulte	d fram: Natural caus	es Accident K, Su	icide, Hamicide		manner [_]
ACTUAL	1/14	121	CHIEF MEDICAL		22. DATE SIGNED
SIGNATURE	John IV	VVI	M.D.	DICAL EXAMINER	4-1-67
EXAMINER'S	Kaha Valara 1	W D		AL EXAMINER X	4-1-0/
NAME (Type)	John Kehoe, l			alle town Md county)	
23o. BURIAL, CREMATION		23c. NAME OF CEMETERY O		23d. LOCATION (City or	
REMOVAL (Specify)	4/4/67	Cedar Hill			rges, Maryland
24. FUNERAL DIRECTOR	Robert E. Wilh	elm Funeral Home		04	REGISTRAR'S SIGNATURE
4308 Suit 1	land Rd. Suit1	and Maryland	APR	3 1967 /	liarles Judge

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#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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### CERTIFICATE OF DEATH

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1. PLACE OF DEATH o. COUNTY Prince Georges	MARYLAND	2. USUAL RESIDENCE (Where dec g. STATE Maryland	eased lived, if institution: Res	sidence befare admission) e Georges
b. CITY OR TOWN (If autside carporate limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside carp		
write RURAL and give negrest town)	4 days	Upper Marlboro /6,		
d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, gir		d. STREET ADDRESS	d Crain	e. IS RESIDENCE ON A FARM?_
Prince Georges General H	lospital	2206K Hi	ghway	YES NO.
3. NAME OF DECEASED (Type or print) Ernest A	Middle B.	Lost 4. DAT OF DEA	E Manth	Day Year 22 19 67
S. SEX 6. COLOR OR RACE 7. MARRIED [		B. DATE OF BIRTH	9. AGE (In years IF UN	IDER 1 YEAR   IF UNDER 24 HRS.
dale White WIDOWED	DIVORCED	15 March 1889	78 yrs. Mont	hs Days Haurs Min.
during most of working life, even if retired) IND	D OF BUSINESS OR USTREMPLYd- Lding Indust	11. BIRTHPLACE (County & State, or	r fareign cauntry) 1:	2. CITIZEN OF WHAT COUNTRY?
	44	14. MOTHER'S MAIDEN NAME		
August C. Blank  15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. 50	OCIAL SECURITY NO. 1.17. I	Angelica K	uehney	
(Yes, ng, ar unknown) (If yes give war ar dates of service)		illiam F. Bla	10008"Sh	nale Ave.,
1B. CAUSE OF DEATH (Enter only one cause per line for (	a), (b), and (c).)	Lastra	1	I INTERVAL BETWEEN
PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	ongestiere	rous Paula	re wo	ONSET AND DEATH
PUE-TO	a. T.	40 011	1 2 90	0 0
Conditions, if any, which gave (b)	ocorau	purmer las	y come	16exal
stating the underlying cause   DUE TO   the	umatric L	earl ducan	cal west	nol +
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CONDITION G	IVEN IN PART 1(a)	PERFORMED?  YES NO
OR CONTRIBUTING CAUSE OF DEATH	CRIBE HOW INJURY OCCURRED. (	Enter nature of injury in Port I or	Part II af item 18.)	
20c. TIME OF INJURY Month, Day, Year Haur a.m. 19 While at work	Not While facts	E OF INJURY (Hame, farm, ary, street, office bldg., etc.)	f. (City ar tawn)	(Caunty) (State)
21. I certify that (I) (this haspital) attended saw the deceased alive an March 22	ed the deceased fram_M			
22a. SIGNATURE	M.D	71113.	C STAFF	arch 22, 1967
22c. PHYSICIANTS NAME (Type) Edwin J. Jensen	M.D.	22d. ADDRESS Prince Georges		
230. BURIAL, CREMATION, REMOVAL (Specify)  Burial. 3/27/67	23c. NAME OF CEMETERY OR C		LOCATION (City or Town)	(County) (State)
	ADDRESS	25a. RECD BY REGI	STRAR 2Sb. REGISTRAI	R'S SIGNATURE
24. FUNERAL DIRECTOR Ritchie Bros. Fun'l Hor	ne-Maryland.	DATE DATE 12	1967 Jelian	les judge

**TO FUNERAL DIRECTOR:** After this certificote has been signed by the attending physician ond completely filled in by the funeral director, page 3 should be detoched for use as the burial-transit permit. Then please remove-corbon papers. Poges 1 and 2 should be filed with the State Dept. af Health priar to buriol, crematian, or removol, and in ony event, within 72 hours ofter deoth. **TO HOSPITAL OR ATTENDING PHYSICIAN:** The low requires that the death certificate be executed within 24 hours after death Page 4 moy be retoined by the hospital or attending physician.

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) 1. PLACE OF DEATH b. COUNTY o. COUNTY bely filled in by the fundance ban papers. Pages 1 c. within 72 hours ofter d MARYLAND be executed within 24 hours after b. CITY OR TOWN (If outside corporate limits, c. LENGTH-OF STAY IN 1b write RURAL and give nearest town e. IS RESIDENCE ON A FARM? d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give-street oddress NO NO 3. NAME OF DATE Year Middle Day move carban completely DECEASED DEATH (Type or print) IF UNDER 1 YEAR IF UNDER 24 HAS S. SEX 8. DATE OF BIRTH AGE (In years 6. COLOR OR RACE NEVER MARRIED 7. MARRIED Jast birthday) Months Days Haurs 6-1885 DIVORCED GRV ond rei 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote; or foreign country) 10o, USUAL OCCUPATION (Give kind of work done and in physician o COUNTRY? during most of working life, even if retired) INDUSTRY nary The low requires that the death certificate 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME burial, cremotion, or removal, attending phys 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address permit. (Yes, no, or unknown) (If yes give wor or dotes of service INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o) (b), ond (c).)
PART I. DEATH WAS CAUSED BY: signed by the burial-transit p ONSET AND DEATH IMMEDIATE CAUSE (o) be retained by the haspital or attending physicion. DUE TO Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse as the State Dept. of Health prior to lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPSY has PERFORMED? NO O FUNERAL DIRECTOR: After this certificate b 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED foctory, street, office blda., etc.) Hour o.m Not While ot work ot work 21. I certify that (I) (this haspital) attended the deceased from 3 page 3 should e filed with the saw the deceased alive on 3 and that death occurred at 10.131M, from causes and an the dote stoted obove. 220. SIGNATURE 22b. DATE SIGNED STAFF PHYS. DIRECTOR PHYS. Page 4 may b 22c. PHYSICIAN'S 22d ADDRESS director, po should be f NAME (Type) 23d. LOCATION (City or Town) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL CREMATION. (County) (Stote) REMOVAL (Specify) Buria Cedar Hill, Cemetery Suitland, Maryland March 20-1967 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR VR A15 (4) 20 M 1/66 Bros. 1661-Gd. Hope Rd. SE. Wash. DO

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE ÖF ofter death. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY 25th St. S.E. Wash. D. C. Prince Georges County
b. CITY OR TOWN (If autside carparate limits,
write RURAL and give nearest town) MARYLANO hin 72 hours offer c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) requires that the death certificate be executed within 24 haurs. 6 yrs. Wash. D.C. Clinton Md. | 6 yrs
d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) e. IS RESIDENCE ON A FARM? and completely filled in Pineview Gardens Health Care Center YES NO X Stuart Lane-Clinton Md 3. NAME OF 4. DATE pou Day Year DECEASED OF DEATH (Type or print) Bossler. Annie M. 18 19 67 March femove car nony event. IF UNDER 1 YEAR | IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE B. DATE OF BIRTH AGE (In years 7. MARRIED **NEVER MARRIED** last birthday) Manths Days Haurs 5/24/81 30 Cauc. WIDOWED DIVORCED 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) ond in during most of warking life, even if retired)

Housewife COUNTRY? INDUSTRY Birds Boro, Pennsylvani 13. FATHER'S NAME burial, crematian, or removal, ottending physpermit. Then p James Redcay Alice McCalicker MarlowssHts., Md. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT (Yes, na, ar unknown) (If yes give war ar dates of service) n one Niece Mrs. Brady Bishop INTERVAL BETWEEN IB. CAUSE OF DEATH (Enter only one cause per lip PART I. DEATH WAS CAUSED BY: (a), (b), and signed by the burial-transit p ONSET AND DEATH IMMEDIATE CAUSE (a) **O HOSPITAL OR ATTENDING PHYSICIAN:** The low requires the Page 4 may be retained by the haspital or attending physicion. DUE TO Canditians, if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause last. 19. WAS AUTOPSY PERFORMED? PART ILL OTHER DIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL CISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION NO this certificate 20g ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED Tenter nature of injury in Part I or Part II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Hame, farm, (City or town) (County) (State) 20c. TIME OF INJURY Manth, Day, Year factory, strept, affice bldg., etc.) Haur a.m. Nat While **DIRECTOR:** After pe 21. I certify that (I) (this hospital) attended the deceased from director, page 3 should should be filed with the M, from causes and on the date stated above. and that death occurred at saw the deceased alive an 22b. DATE SIGNED 22a. SIGNATURE. STAFF **ATTENDING OIRECTOR** PHYS. 22d. AODRESS 22c. PHYSICIAN'S TO FUNERAL NAME (Type) Dr. Henry Palacious

director, VR A15 (4)

24. FUNERAL DIRECTOR

23o. BURIAL, CREMATION

23b. DATE THEREOF

23c. NAME OF CEMETERY OR CREMATORY

23d- LOCATION (City or Town) 2Sb

(County)

-ADDRESS Lee's Funeral Home 4th & Mass. Ave.

43. 3 5° 1967 1972

VR A15ME (5)

2Sb. REGISTRAR'S SIGNATURE

25a. REC'D BY REGISTRAR

Market Comments

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More Labor, M. H. . Mayer-lab. T. Md.

## FOR STATE HEALTH DEPT.

necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 ta the funeral director. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained far yaur files. TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the State Department af Health priar ta burial, crematian, ar remaval, and in any event within 72 haurs after death.

TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 haurs after death. If any delay is

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 212

04016 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

04014

			03013
I. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived	
o. COUN Prince George's	MARYLAND	Maryland	Prince George's
b. CITY OR TOWN (If outside corporate limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits	
write RURAL ond give neorest town)  Cheverly	DOA	Landover	1/0-1
d. NAME OF HOSPITAL OR INSTITUTION (If not in ho	1	d. STREET ADDRESS	e. IS RESIDENCE
Prince George's Hos	spital	3233 75th Ave.	ON A FARM?
B. NAME OF First	Middle	Last 4. DATE	Month Doy Year
(Type or print) Godfre	ev Alvin	Brower DEATH	March 10 1967
	ARRIED NEVER MARRIED X	8. DATE OF BIRTH 9. AGE (	In years   IF UNDER 1 YEAR   IF UNDER 24 HRS
male white WID	OOWED DIVORCED	April 10, 1952   1	virthdoy) Months Doys Hours Min.
Oo. USUAL OCCUPATION (Give kind of work done	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (Stote or foreign country)	12. CITIZEN OF WHAT
during most of working life, even if retired)	INDUSTRY School	Washington D. C.	GOUNTRY?
13. FATHER'S NAME	CONOCI	14. MOTHER'S MAIDEN NAME	
Godfrey C Brow	/er	Louise C Mc Caule	y
1S. WAS DECEASED EVER IN U.S. ARMED FORCES?	Total Books and Secondary 11 of 11 o	INFORMANT	Address
(Yes, no, or unknown) (If yes give war or dates of service	none Go	odfrey C Brower La	ndover, Md.
1B. CAUSE OF DEATH (Enter only one cause per	line for (o), (b), and (c).)		INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)	Electrocution		minutes
9145 DUE TO			
Conditions, if ony, which gove ) (b)		-	
rise to immediate couse (o), stoting the underlying couse DUE TO			
lost. (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIB	UTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PA	ART 1(o) 19. WAS AUTOPSY PERFORMED?
410			YES NO 2
200. EXTERNAL CAUSE WAS PRIMARY ED OF CONTRIBUTING  CAUSE OF DEATH	28 DESCRIBE HOW IN THEY OCCURRED	(Ith not bridge bridge bridge of the	Problem which
CAUSE OF DEATH.	touched high-vol	_	
20c. TIME OF INJURY Month, Doy, Year Hour a.m. 2, 70, 67, 19	20d. INJURY OCCURRED 2 20e. PLA	ACE OF INJURY (Home, form, 20f. (City of	or town) (County) (State)
10:41PM m 3-10-67 19	While of work at work Tr	front of 3385 Dodge I	Park Rd. P.G. Md.
21. I certify that I took charge of t	he remains described above. h	eld on Autopsy . Inspection &	], Inquiry 🗷 , ond in my opinio
			mined monner
	10	CHIEF MEDICAL EXAMINER	
SIGNATURE Jahn	Plebor	M.D. ASSISTANT MEDICAL EXAMINER	22. DATE SIGNED
EXAMINER'S TO WAR WELL	n	DEPUTY MEDICAL EXAMINER	3-11-67
NAME (Type) John Kehoe, M		RANGES Startely, IMO or coun	
230. BURIAL, CREMATION; 23b. DATE THEREOF	23c. NAME OF CEMETERY OR	CREMATORY 23d. LOCATION	(City or Tawn) (County) (Stote)
Burial (Specify) March 13,			ington D. C.
24. FUNERAL DIRECTOR	ADDRESS	MAR 1 4 1967	Schedistrar's SIGNATURE
F. Gasch's Sons I	Ayattsville, Md. n	MAN 1 4 IJD/	14

VR A15ME (5) 6M 1/67 e terrent control a la facción de la control de la control

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Horan Towers Tive Townson

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BOOK TO PROPERTY

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### MADVIAND STATE DEDARTMENT OF HEALTH

		DIVISIO	N OF VITAL	RECORDS, 301 W. PR	RESTON STREET, B	ALTIMORE,	MARYLAND 21201	30'		
	0401	.5		CERTIFIC	ATE OF DEA	ATH		04015		1
1.	PLACE OF DEATH						deceosed lived, if institution	n: Residence before	odmission	)
	Prince	Georges		MARYLAN	Mary 1	and	Prince (	Georges	V	H
	b. CITY OR TOWN	(If autside carporate I	imits,	c. LENGTH OF STAY IN 1	b c. CITY OR TO	WN (If autside	corparote limits, write RURA	L and give nearest	tawn)	****
	Cheverl	nd give nearest tawn)		9 days	Brand	ywine		_ 16-1		
	d. NAME OF HOSP	ITAL OR INSTITUTION (	f not in hospitol,	give street oddress)	d. STREET ADD	RESS		e.	IS RESIDE	
	Prince	Georges Ge	neral H	ospital	Box 3	88		У	ES 🔲 N	
	NAME OF DECEASED (Type or print)		First Nelli	Middle	Last Brown		DATE Month OF DEATH March	Doy <b>30</b>	Year 19 <b>6</b>	
_	SEX	6. COLOR OR RACE	7. MARRIED		B. DATE OF BIRT		9. AGE (In years	IF UNDER 1 YEAR	IF UNDER	24 HRS.
Fe	emale	Colored	WIDOWED	DIVORCED [	6/11/30		lost birthdoy) 36 yrs.	Months Doys	Hours	Min.
100	. USUAL OCCUPATION	ON (Give kind of work d		(IND OF BUSINESS OR			e, or foreign country)	12. CITIZEN OF	WHAT	
dur	ing most at working	glife even if retired)		NDUSTRY	Princ	ce Geor	ge's Co. Md.	COUNTRY?		
13.	FATHER'S NAME				14. MOTHER'S	MAIDEN NAME				
	Issac	A.Brown			Isabel	Ll Scot	t			
15.	WAS DECEASED E	VER IN U.S. ARMED FORCE	ES? 16	. SOCIAL SECURITY NO.	17. INFORMANT		Address			
(10	es, no, or onknown	) (II yes give wor or do	iez oi zeraice)		John Brow	m Rt.	3-Box 124 Br	andywine	, Md.	
	18. CAUSE OF	DEATH (Enter only one	cause per line fo	r (b), (b), ond (c).)	0	01	0 -0		RVAL BETW	
	PAKI I. UE	ATH WAS CAUSED BY: IMMEDIATE CA	USE (a)	tepatie	Ence	please	spilly ,	acou-	- AND DE	MIN
	092		DUE TO	h. d	- 0,	1	110	(.)		
	Conditions, if on	ny, which gove	(b)	dony o	r my	ecuoi	is the brown	21/10		
	stoting the und		DUE TO	Do I		1 11	0 15	1000	.0	1
	lost.	,	(1) (2)		2500		4 junes	peco-	C)CAC	<del>-</del>
MEDICAL CERTIFICATION	PART II. OTHER	SIGNIFICANT CONDITION	IS <u>CONTRIBUTING</u>	TO DEATH BUT NOT RELATE	D to the terminal di	CALLES	NICGIVEN IN PART 1(0)		WAS AUTOI PERFORMEI	
TIFIC		AS UNDERLYING	20b. [	DESCRIBE HOW INJURY OCCU	RRED. (Enter noture of	injury in Port I	ar Port II of item 1B.)			
L CER		IG CAUSE OF DEATH Y MEDICAL EXAMINER)								
DICA	20c. TIME OF IN	IJURY Month, Doy, Yea			e. PLACE OF INJURY (He		20f. (City ar town)	(County)	(5	tote)
ME			19 While of wo	e Nat While or work	factory, street, affice	bidg., etc.)	THE REAL PROPERTY.			
	21. I cert	tify that (I) (this I	naspital) attei	nded the deceased fro	mMarch 21,	, 19.61	7 , to March 3	0, 1967, the	it (I) (w	e) last
		13	March 3	0, 1967, and	that death accu	rred at 9:	OAM fram causes a			abave.
	22a. SIGNATUR	ACI	- Ja	ero by	ATTENDING PHYS.	☐ MED.	TOR STAFF	22b. DATE SIGNE	1/6	2
	22c. PHYSICIAN NAME (Typ		SARCIA,	M.D. 2	Princ		ges General	Hospital		
230	BURIAL, CREMAT	TION, 23b. DATE	THEREOF	23c. NAME OF CEMETER	RY OR CREMATORY	. 2	3d. LOCATION (City or Town	n) (County)	(Sto	ote)
	BUT LA Speci	Apr	il 3/67	St. Peter	s Church C	em.	Waldorf Chas	. Co. Md.		
24	4. FUNERAL DIRECT	TOR		ADDRESS	.2	Sa. REC'D BY I	REGISTRAR 2Sb. REG	ISTRAR'S SIGNATURE		

TO FUNERAL DIRECTOR: After this certificate hos been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached far use as the burial-tronsit permit. Then please remove corbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or remayal, and in payment, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Poge 4 may be retained by the hospital or attending physician. VR A15 (4) 25M 1/67

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24. FUNERAL DIRECTOR Martell Adams

Aquasco, Maryland

25g, REC'D BY REGISTRAR DATE 6 1967

and the state of t only Standywing Chevesly irines feerges Seneral Hospital tog See great ellist 10 / Cal / 6 French Land Colored Character xx North 10, wy Street 21. Street 20, 67 J. .. CARCIA, M.B. . . . Prince Coorcession and Allera The state of the s

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death death TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove cathon papers. Pages I and should be filed with the State Dept. of Health prior to burial, cremation, or remaval, and in any event, within 72 hours after deat Poge 4 may be retained by the hospital or ottending physician.

	CERTIFICATE OF DEATH 04015
1.	PLACE OF DEATH  a. COUNTY  MARYLAND  2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)  b. COUNTY  DELEGE SEASON  MARYLAND
	b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest tawn) write RURAL and give peacest town  C. LENGTH OF STAY IN 1b  C. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest tawn)  PLOCATION (If outside carporate limits, write RURAL and give nearest tawn)
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  Aleenbelt Communication Communication (If not in hospital, give street address)  Helenbelt Communication (If not in hospital, give street address)  Helenbelt Communication (If not in hospital, give street address)  Helenbelt Communication (If not in hospital, give street address)  Helenbelt Communication (If not in hospital, give street address)  Helenbelt Communication (If not in hospital, give street address)  Helenbelt Communication (If not in hospital, give street address)  Helenbelt Communication (If not in hospital, give street address)
3.	NAME OF DECEASED (Type or print)  SEV 14. COLOR OF PACE 17. MARRIED AND MARRIE
S.	Fe Windows Divorced Divorced 1-1874 (ast birthdoy) Manths Doys Haurs Min.
du	a. USUAL OCCUPATION (Give kind of work done ring most of working life, even it retired)  10b. KIND OF BUSINESS OR  11. BIRTHPLACE (county & State, or fareign country)  12. CITIZEN OF WHAT COUNTRY?  COUNTRY?
	FATHER'S NAME  Gerin C Brownell Rebecca Gilman
	WAS DECEASED EVER IN U.S. ARMED FORCES? es, no, arynknown) (If yes give war or dates af service) 2/2-05-03/3 Levelle P ever auer and service)
	1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  ON THE ENTER OF DEATH ON THE E
	Conditions, if any, which gave is to immediate cause (a), (b) arterior sclerate at fischer with the missing in the conditions of the course (a), (b) arterior sclerate at fischer and the course (b).
	stating the underlying cause lost.  (c) Sembles and allered Melling Course
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTOPSY PERFORMED? YES \( \sigma \) NO
L CERTIFICATION	20o. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.)
MEDICAL	20c. TIME OF INJURY Manth, Day, Yeor Haur a.m.  p.m. 19
	21. I certify that (I) (this haspital) attended the deceased from
	22a. SIGNATURE M.D. ATTENDING MED. STAFF 22b. DATE SIGNED MED. OF PHYS. DIRECTOR PHYS. DIRECTOR PHYS. 1947
	NAME (Type) L. M. a. M. a. M. A. M. M. D. Rusermane, SPLA
1	BURIAL (REMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Sounty)  REMOVAL (Specify)  A SUMBLY OFFICE OF ADDRESS & ADDRESS

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Mary Jan Committee Castle		alt. Office Till (New York)
	THE RESIDENCE OF STREET	

1		MARYLAND STATE DEPARTMENT OF HEALTH  DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARY	LAND
년 등 2 1		04018 CERTIFICATE OF DEATH 0401	7
er death.  e funeral  and 2  er death	1	1. PLACE DF DEATH a. COUNTY  2. USUAL RESIDENCE (Where deceased lived, If institution) Residence a. STATE b. COUNTY  AMARYLAND  2. USUAL RESIDENCE (Where deceased lived, If institution) Residence a. STATE b. COUNTY  AMARYLAND	/
hours after d in by the f s. Pages 1		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  C. LENGTH OF STAY IN 1b  C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	ve nearest town)
24 fille pape in 72	10	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  d. STREET ADDRESS  d. STREET ADDRESS	ON A FARM?
executed within 24 and completely fill remove carbon paper any event, within 7	-	3. NAME OF DECEASED (Type or print)  ALFRIEDA BRUEHL 4. DATE Month Day OF DEATH 3/30/67	
nd com		5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR Jast Birthday) Months Days  FENALL WIDOWED DIVORCED OCT 24. 1881 5 yrs.	Hours Min.
be exician a sease re	1	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR II. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN COUNTR'	OF WHAT
certificate be ending physician and in removal, and in		13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  14. MOTHER'S MAIDEN NAME	
death certifí ne attending I permit. Ther tion, or remov		15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT CARDOS SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give war or dates of service) NCNE BULL FR JOHN QUASTEN CLASS	CAIV.
the de		1 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c), 1	ERVAL BETWEEN SET AND DEATH
law requires that the attending physician. I has been signed by see as the burial-transit herior to burial, cremin		Conditions, If any, which DUE TO Certerio sclerosis	
law requires th attending physic has been signe e as the burial- h prior to burial,		gave rise to immediate cause (a), stating the underlying cause last.	
or o	2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19.	WAS AUTOPSY PERFORMED?
PHYSICIAN: The the hospital or a this certificate detached for use to Dept. of Health	Titalo	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)   19.   1	
G PHYS by the h cer this e detac	200	20c. TIME OF INJURY Month, Day, Year Hour a.m.  p.m. 19 While at work 19 at work 19 Not While Not	(State)
rending P ained by th OR: After i nould be d			hat (I) (we) last
AL OR ATTENDIN asy be retained in the DIRECTOR: Affi page 3 should be		22a. SIGNATURE)  ATTENDING MED. DIRECTOR DIRECTO	
PITA 4 ma ERAL or, p	/	22c. PHYSICIAN'S NAME (Type) THOMAS J. KILLY, M.D. 6480 n. H. ase, Takoma Park	, md.
TO HOS Page TO FUN direct should	2	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county)	(State)
VR A15 (4) 15M 4-64	1	FUNERAL DIMEGIOR  ADDRESS  LL Chamber Co. Registrar's SIGN  ADRESS  AD	NATURE
1311 4"UT	9		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after deat Page 4 may be retained by the hospital or attending physician.

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the Tuneral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any eyent, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

U&U13 CERTIFICAT	E OF DEATH NAME NAME NAME NAME NAME NAME NAME NAME
1. PLACE DF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
Prince George s MARYLAND	a. STATE DO. b. COUNTY
b. CITY OR TDWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY DR TDWN (If outside corporate limits, write RURAL and give nearest town)
Forestville 17 Days	Washington, DO. 47-3
d. NAME OF HDSPITAL DR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE DN A FARM?
Regent Nursing Home	3330- 12th Street SE YES NO ₹
3. NAME DF First Middle DECEASED	Last 4. DATE Month Day Year
(Type or print) OCIE	NER DEATH March 18th 1967
5. SEX 6. CDLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.   last birthday)   Months   Days   Hours   Min.
	Nov. 18th 1887   79 yrs.
10a. USUAL OCCUPATION (Cive kind of work done during most of working life, even if retired)  10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN DF WHAT COUNTRY?
Store Clerk Peoples Drug	West Virginia USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Oharles D. Powell	Margaret Galvin
15. WAS DECEASED EVER IN U.S. ARMED FDRCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unkown) (If yes give war or dates of service)	INFORMANT Address
	illiam H. Bunner (Son ) Same as #2
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN DNSET AND DEATH
PART I. DEATH WAS CAUSED BY: Pulmonary Embo.	li DNSEI AND DEATH
332X	
Conditions, If any, which \ (b) Cerebral Vascu.	lar Thrombosis - C
gave rise to immediate	
underlying cause last. (c) Left tremiplegi	a , Arterio Sclerosis
PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL  20a. ACCIDENT WAS UNDERLYING TO DESCRIBE HOW INJURY OCC BROWN OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  YES NO
	URRED. (Enter nature of Injury In Part I or Part II of Item 18.)
	ACE DF INJURY (Home, farm, 20f. (City or town) (County) (State) ory, street, office bldg., etc.)
Hour a.m.  p.m.  19  While Not While at work at work	or y, su eat, office blugs, etc./
21. I certify that (I) (this hospital) attended the deceased from	3-2 , 1967, to 3 - 18 , 1967, that (1) (week) last
saw the deceased alive on $\frac{3-18}{19.67}$ , and that	at death occurred at 9-PM, from the causes and on the date stated above.
22a. SICNATURE	22b. DATE SIGNED
Sount shay M.	
22c. Physician's NAME (Type) John F. Shay	Suitland, Maryland
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER REMOVAL (Specify)	Y OR CREMATORY 23d. LOCATION (City, town or county) (State)
Burial   Mar. 23-196/ Bluemont Cem	metery Grafton, West Virginia
24. FUNERAL DIRECTOR ADDRESS	252. REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE
Simmons Bros. 1661-Gd. Hope Rd. SE. Was	sh., DC   MAR 2 1 1967   Julianes July

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon capers, Pages I and a should be detached for use as the burial-transit permit. Then please remove carbon capers, Pages I and a should be detached for use as the burial-transit permit. Then please remove carbon capers, Pages I and a should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

#### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
Prince Georges MARYLAND	* STATE Maryland b. COUNTY Pr. Geo's
b. CITY OR TOWN (if outside corporate limits.   c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
write RURAL and giva nearest town) Cheverly 4-Years	Cheverly of the relie 114/6.1
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS ) e. 15 RESIDENCE
Adsacorda Nursing Home	2601 Cheverly Avenue
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year OF
	Burroughs DEATH March 24. 1967
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.
Female White WIDOWED DIVORCED	May 18, 1872   Set Dirthday   Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) 10b. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Emplyd Clerk Magazine	Maryland U. S. A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John William Burroughs	Mary Posey
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.   (Yes, no, or unkown)   (Ifyesgive war or dates of service)	There
No Mr	s. Adeline B. Shrewsbury Marlboro Md.
1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
4500 DUE TO	
Contract to the state of the st	we to a direct some 15mg
Conditions, if any, which gave rise to immediate cause	I fer valige serve
(a), stating the underlying DUE TO	
cause last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	YES NO
	RED. (Enter nature of injury in Part I or Part II of Item 18.)
ZOc. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PL	ACE OF INJURY (Home, farm, † 20f. (City or town) (County) (State)
Hour a.m. While Not While fa	ctory, street, office bldg., etc.)
p.m. 19 at work at work	A 111/19
21. I certify that (I) (this hospital) attended the deceased from	
saw the deceased alive on	death occurred a 2:20%, from the causes and on the date stated above.
22a. SIGNATURE	ATTENDING MED. STAFF 3/21/6/SIGNED PHYS. 3/21/6/SIGNED
22c PHYSICIAN'S	M.D. PHYS. DIRECTOR PHYS. 1
NAME (Type) Robert B. Sasscer, M. D.	Upper Marlboro, Maryland 20870
23a. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY	
Cremation 3/21/67 Cedar Hill	Crematory Suitland Maryland
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Ritchie Bros. Upper Marlboro, Md.	DATE APR 12 1967 Michaeles Judge
TILLOUIZE DIOS OPPOL HALLDOIO, HA	I DOILE

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Section 3/21/67 Section 112 Commence 3:152 etc.

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MARYLAND STATE DEPARTMENT OF HEALTH

ond		PLACE OF DEATH  COUNTY		2. USUAL RESIDENCE (W	here deceosed lived, if institution b. COL	ution: Residence before odmission)
3-6		Prince Georges	MARYLAND	Mary 1	and I	PrinceGeorges
rsician and completely filled in by the f please remove corbon papers. Pages I, and in any event, within 72 haurs offe		o. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	LENGTH OF STAY IN 1b	c. CITY OR TOWN (If out	side corporote limits, write RI	URAL ond give neorest fown)
by au		Cheverly	1 day	Chelt	enham	16-1
in 2h 2		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give	street oddress)	d. STREET AOORESS		e. IS RESIDENCE ON A FARM?
filled thin 72		n	11	Box 4	102 Frank Ti	- VEC NO
重量 //	2	Prince Georges General	Middle	Lost		nth Ooy Year
× oo ×		DECEASED	Middle	F021	OF	007 1601
ork ork		Type or print) Mary	E	Butler		arch 28 19 67
the attending physician and completely sit permit. Then please remove corbon nation, or removal, and in any event, with	S.	SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	Months Doys Hours Min.
0 0 5		WIDOWED	DIVORCEO	9 March 1892	11/00	Months Doys Hours Min.
nd ren	100	USUAL OCCUPATION (Give kind of work done 10b. KINO	OF BUSINESS OR		Stote, or foreign country)	12. CITIZEN OF WHAT
d ir	duri	ng most of working life, even if retired) INOU			0 10 1	COUNTRY?
cia on on				Trince C	seorges (1.1	VIQI:
y ys.	13.	FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	
ph ner vor		Khyan older Butler		Emily	Vitane	
ing Terr			TAL SECURITY NO. 17.	INFORMANT	Add	bress Cheltanham, Md.
or i	(Ye	s, no, or unknown) (If yes give wor or dotes af service)	a	1 R	Han Da	Box 25
atte ern in,				TO TOWN CO. I	uller 1:0.	
atio		18. CAUSE OF DEATH (Enter only one couse per line for PART I. DEATH WAS CAUSEO BY:	areurum a lo t			INTERVAL BETWEEN ONSET ANO OEATH
by the rons		IMMEDIATE CAUSE (o)	according a w	NOS .		
4 t :		154X OUE TO	,	1	07	
signed burial-t		Conditions, if ony, which gove ) (b)	dinoecuein	ema 1	Keelum	10 mg
sig bull		rise to immediate couse (o), (		/		
the tro		stating the underlying couse		U		
s the				THE TRANSPORT CONT	DITION OFFICE IN DADY 1/ )	10 MAS AUTODSV
has se o th pr	N	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CON	DITION GIVEN IN PART T(0)	19. WAS AUTOPSY PERFORMED?
e h	CERTIFICATION					YES KS NO
certificate hed for u ot. of Heal	FE		IBE HOW INJURY OCCURRED	). (Enter noture of injury in P	Port I or Port II of item 18.)	
if a fe	ERI	OR CONTRIBUTING CAUSE OF DEATH				
che che	AL	(IF EITHER, NOTIFY MEDICAL EXAMINER)	RY OCCURREO 20e. PI	LACE OF INJURY (Home, form,	20f. (City or town)	(County) (Stote)
this letac Dep	MEDICAL	Hour o.m. While -		octory, street, office bldg., etc.)	Zoi. (City of town)	(comy) (sioto)
of d	Σ	p.m. 19 at work L	ot work			
Staff		21. I certify that **(this haspital) attende	d the deceased fram	arch 27, 1	967 , to March 2	28 , 1967, that ★  (we) last
the the		saw the deceased alive an March 28	1967 , and th	at death accurred at	50PM, fram causes	s and an the date stated abave.
<b>2</b> 44		22o. SIGNATURE				22b. OATE SIGNED
% × ×		AC PANON	in Mr		MEO. STAFF PHYS.	X 3/29/17
<b>a</b> 8 <b>a</b>		22c. PHYSICIAN'S	7	22d. ADORESS	11113	
A P P P		NAME (Type) J. A. Garcia,	M.D. (	Prince Geo	orges General	Hospital
To FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and conditional property page 3 should be detached for use as the burial-transit permit. Then please remo shauld be filed with the State Dept. of Health prior to burial, crematian, or removal, and in any						
E de la company	230	BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY O	K CREMATORY	23d. LOCATION (City or T	Town) (County) (Stote)
0.9 K	4	Jurial april 1-1961	Drooks Ch	wich Cem.	Nottenghan	v fr. Do. Illa.
0//	24	FUNERAL OIRECTOR	AOORESS		Pl off	REGISTRAR'S SIGNATURE
VR A15 (4)	1/	Hartell adams alg	unsco, 11	Rd. APR	6 1967 /	harles Judge

**TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 hours after death. Poge 4 may be retained by the hospital or ottending physician.

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## DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 04021

	0300
1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where dacassed lived, If institution: Residence before admission)
Prince Georges MARYLAND	o. STATE Maryland b. COUNTY Prince Georges
b. CITY OR TOWN (if outside corporate limits,   c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
wita RURAL and give nearest town) Hyattsvillle	Hyattsville /6-/
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street addrass)	d. STREET ADDRESS  a. IS RESIDENCE ON A FARM?
5711 Jamestown Road	5711 Jamestown Road YES NO
3. NAME OF First Middla DECEASED	Last 4. DATE Month Day Year OF
(Typa or print) David Mannie	Callis DEATH March 5 1967
1. MARKED LITETER MARKED	DATE OF BIRTH  9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.
male white widowed to Divorced	1/25/1876 91 yrs. Months Days Months
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Conductor G.M.O. R.R. (Retired)	Alabama U.S. A.
Harrison R. Callis	Elizabeth Brown
	INFORMANT Address
(Yas, no, or unkown)   (Ifyesgivawarordatesofservice)	
18. CAUSE OF DEATH [Enter only one cause per Jimp for (a), (b), and (c).]	athleen C. McManus (same as above)
PART I, DEATH WAS CAUSED BY:	ONSET AND DEATH
IMMEDIATE CAUSE (a)	Ilore 2 wks
4500 DUE TO	Olim no Usaga
Conditions, if any, which (b) I selfely !	listeriosclerosis grars
gava risa to immadiata causa (a), stating the underlying DUE TO	
causa last. (c)	
Z PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
3 5	YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO  20a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OF IF ITHER. NOTIFY MEDICAL EXAMINER	ED. (Entar nature of injury in Part I or Part II of Item 18.)
20c, TIME OF INJURY Month, Day, Year   20d, INJURY OCCURRED   20e, PLA	CE OF INJURY (Homa, farm,   20f. (City or town) (County) (Stata)
Hour a.m. While Not Whila fac	fory, streat, office bldg., atc.)
	6 3/167
21. I certify that (I) (this hospital) attended the deceased from.	
	death occurred of M., from the causes and on the date stated above.
22a. SIGNATURE	ATTENDING MED. STAFF 221. DATE
	I.D. PHYS. DIRECTOR PHYS. DISTRICT
22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS Bolto Cart Roll and Ada had
David S. Clayman	(\$31) Dall'o, cool 1) 0 21 May 1 May
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify)	OR CREMATORY 23d. LOCATION (City, town or county) (State)
	metery Meridian Mississinni
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a, REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
The S. H. Hines Company Washing	ton, DC DATE MAR 8. 1967 Policy Quesas

VR A15 (4) 20M 5-63

AND THE RESIDENCE OF THE PROPERTY OF THE PROPE

#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EVAMINED'S CEDTIFICATE OF DEATH

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FOR STATE	02023	IVLE	DICAL EXAMINI	CK 2	EKTIFICATE C	IF DEATH		41122	!	
HEALTH DEPT.	1. PLACE OF DEATH			1	2. USUAL RESIDENCE (			Residence befo	re odmissio	n) /
is to ge of	a. COUNTY Prince G	eorge 1s	MARYL	AND	o. STATE Pennsyl	vania	b. COUNTY			1
delay is and 3 to 13. Page ment of	b. CITY OR TOWN (If outside	de corporote limits,	c. LENGTH OF STAY IN	1b	c. CITY OR TOWN (If o	utside corporate lin	nits, write RURAL	ond give neare	st town)	
y delo , and PM3. I	write RURAL ond give r Riverdal		45 min		Berwyn			75-3		
am)	d. NAME OF HOSPITAL OR	NSTITUTION (If not in hospitol			d. STREET ADDRESS H	[qwellvil	le Road		e. IS RESID ON A FA	ENCE
form form 13	Leland M	lemorial Hospi	tal			vel ville			YES	NO 5
e Pages with for ne State	3. NAME OF	First	Middle	0	Lost	4. DATE OF	March	P	Yea	67
hours effer death. If any delay is lem 18. Ove Pages 1, 2, and 3 to Office along with form PM3. Page land 2 with the State Department of sr death.	DECEASED (Type or print)	James	Fleming		rter	DEATH			19	
\$ o e	5. SEX 6. CO	LOR OR RACE 7. MARRIEL			DATE OF BIRTH	9. AG		On the Days		24 HRS
em 18 fifte d ind 2 w deoth.		hite WIDOWEI			-14-45	2	yrs.			
hours Hem 1 Office 1 and 2 rr deotl	1Da. USUAL OCCUPATION (Give I during most of working life, eve		KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State	or foreign country	)	12. CITIZEN C		
24 h in Ife er's Of es 1a after	Student				Baltimor	e. Md.		USA		
within pencil xamine ile poge hours c	13. FATHER'S NAME				14. MOTHER'S MAIDEN					
within pencil xamine ile poge hours c		er G. Carter				t E. Gib				
C W L	1S. WAS DECEASED EVER IN U.S. (Yes, no, or unknown) (If yes	give wor or dates of service)	S. SOCIAL SECURITY NO.		FORMANT		Address			
should be executed in word "pending" in to the Chief Medical Eburiol-transit permit. For ony event within 72.	No -		16-44-0203	Wi]	mer G. Car	ter (Fat	her) Sa			
ex f M f M iif p	PART I DEATH WAS	nter only one couse per line f	or (o), (b), ond (c).) Intra—abdomi		homommhage			mig	TERVAL BET	WEEN EATH
d 'pe d 'pe Chief ransil	01111	MMEDIATE CAUSE (o)	Intra-abcome	TilaT	Hemol I Hage					-
should e word o the Ch ouriol-tro	Conditions, if any, which	DUE TO	Managama							
the the to the pur	rise to immediate cous	e (o). ( DUE TO	Trauma							
ficate ing the rded to as a ond is	stoting the underlying lost.	couse (c)	Auto accid	ent.						
s certificate should to writing the word forworded to the Ch used as a buriol-trooval, and in ony ev	PART II OTHER SIGNIFICA	NT CONDITIONS CONTRIBUTING			IE TERMINAL DISEASE CO	NDITION GIVEN IN	PART I(o)	19	9. WAS AUTO	OPSY
	NOL						. ,		PERFORMI YES	NO D
n the	2Da. EXTERNAL CAUSE WA	4S 20b.	DESCRIBE HOW INJURY OCC	URRED. (E	inter noture of injury in	Port I or Port II o	item 18.)			
INER: Times to certifice should be files.  3 should I sho	PRIMARY XX or CONTRIBU	TING 🗆	river of car							
the certification or files.	3 OF TIME OF INITIRY ME		INJURY OCCURRED 2	2De. PLACE	OF INJURY (Home, fari	m, 2Df. (Cit	y or town)	(County)		(Stote)
EXAMINER ute the cer age 4 shou your files. Page 3 sho cremotion,	Hour a.m. 11:50PM m3-	0-67 19 Wh	ork at work	U.S	ry, street, office bldg., etc.	intersec	tion of	Rt. 1	93	Md
MEDICAL EXAMINER: please execute the certification. I director. Page 4 should retoined far your files. DIRECTOR: Page 3 should to burial, cremotion, or to burial, cremotion, or	21. I certify that	t I taok charge of the r							d in my	apinio
se exector. Por far far far far burial, burial,	death resulted fro		Accident X						man in	
EUI Ose rect oine pine Duby		1 //			CHIEF MEDICAL					
	ACTUAL SIGNATURE	Untan/	phot			DICAL EXAMINER			22. DATE	
UTY, Jury, Derick Be Prick Al	EXAMINER'S	Value W	0		DEPUTY, MEDIC	AL EXAMINER MI	9.		3-11	-67
o DEPUTY MEDICAL EXAM necessary, pleose execute the fune funeral director. Page 4 5 may be retained far your 5 FUNERAL DIRECTOR: Page Health prior to burial, crema		John Kehoe, M		TD1( OD 5				16	10	
the the Hec	23o. BURIAL, CREMATION, REMOVAL (Specify) Burial	. 23b. DATE THEREOF	23c. NAME OF CEMET				N (City or Town)	,	(S)	tate)
- AR	Burial /	Mar.13/1967	ADDRESS	ттеу	Memorial			sville IRAR SIGNA	IRE	
VR A15ME (5)		Seitz 5209 Y			MAR	1 3 196	7 Juca	mes of	and a	
OM 1/0/		al Home Ralt		2	DATE		- 1	U		

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DIVISION OF	VITAL	RECORDS,	301 W.	<b>PRESTON</b>	STREET	BALTIN	NORE,	MARYLAND	2120
Ttem	#17	infor	. tak	en fr	om bi	rth c	cert		

o. COUNTING	ce Georges		MARYLAND	4 Marylan		le Geor	rges
b. CITY OR TOWN	b. CITY OR TOWN (If outside corporate limits, write PURAL and give nearest town)  10 hrs			Chapel Oa	utside corporate limits, write RU <b>ks</b>	JRAL ond give no	16-1
	PITAL OR INSTITUTION (If n Georges Gene						e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Fi	Baby	Middle Boy	Chinn	4. DATE Mon OF Marc	ch 3	Doy Year 3 19 67
s. sex Male	6. COLOR OR RACE Colored	7. MARRIED WIDOWED		B. DATE OF BIRTH March 3,	1967 9. AGE (In yeors lost birthdoy) yrs.	Months D	EAR IF UNDER 24 HRS
	ON (Give kind of work done ng life, even if retired)		CIND OF BUSINESS OR NDUSTRY	Pr. Ge	(& State, or foreign country)	12. CITIZE COUN	EN OF WHAT TRY?
13. FATHER'S NAME  Jack Isa	aac Chinn	360		14. MOTHER'S MAIDEN	NAME arie Merritt		
1S. WAS DECEASED B	EVER IN U.S. ARMED FORCES?	1 16.	SOCIAL SECURITY NO. 11	. INFORMANT	Addr		
1B. CAUSE OF	n) (If yes give wor or dates  DEATH (Enter only one co	of service) use per line fo	or (a), (b), and (c).)		^		INTERVAL BETWEEN ONSET AND DEATH
IB. CAUSE OF PART I. D	DEATH (Enter only one co EATH WAS CAUSED BY: IMMEDIATE CAUSE OUE	of service) use per line fo	or (a), (b), and (c).)	sir me	^		
IB. CAUSE OF PART I. D	DEATH (Enter only one co EATH WAS CAUSED BY: IMMEDIATE CAUSE ny, which gove iote couse (o).	of service) use per line fo	or (a), (b), and (c).)	sir me	^		
1B. CAUSE OF PART 1. D  Conditions, if o rise to immedistating the unlost.  PART II. OTHER	DEATH (Enter only one context)  DEATH (Enter only one context)  DUE  NY  NY  NY  DUE  OUT  DUE  DUE  DUE  DUE	of service) use per line fo (0)	or (a), (b), and (c).)	sir new	moloum		
TB. CAUSE OF PART 1. D  Conditions, if or rise to immediately the unlost.  PART II. OTHER  20a. ACCIDENT V OR CONTRIBUTING THE BURN THE EXTREMENTAL OF THE BURN THE BURN THE PART AND THE BURN THE EXTREMENTAL OF THE BURN THE EXTREMENTAL OF THE BURN	DEATH (Enter only one context)  DEATH (Enter only one context)  DUE  NY  NY  NY  DUE  OUT  DUE  DUE  DUE  DUE	use per line fo	(a), (b), and (c).) Pheloclo Cremolu	o the terminal disease co	on of acum		ONSET AND DEATH  19. WAS AUTOPSY PERFORMED?
TB. CAUSE OF PART 1. D  Conditions, if or rise to immediately the unlost.  PART II. OTHER  20a. ACCIDENT V OR CONTRIBUTING (IF EITHER, NOT) 20c. TIME OF II. Hour	DEATH (Enter only one co EATH WAS CAUSED BY: IMMEDIATE CAUSE OUE  NY, which gove iote couse (0), derlying couse  VAS UNDERLYING  NG CAUSE OF DEATH FY MEDICAL EXAMINER)  NJURY Month, Doy, Yeor o.m. 19	use per line fo (o) (b) (c) (c) (c) (20b. D  20d. Whill of wo of w	TO DEATH BUT NOT RELATED TO DESCRIBE HOW INJURY OCCURRED BY NOT While and work and w	O THE TERMINAL DISEASE CO.  (Enter nature of injury in foctory, street, office bldg., etc.)	DINDITION GIVEN IN PART 1(o)  Port I or Port II of item 1B.)  m, 20f. (City or town)	(Count	19. WAS AUTOPSY PERFORMED? YES NO
TB. CAUSE OF PART 1. D  Conditions, if o rise to immedistating the unlost.  PART II. OTHER  20a. ACCIDENT V (IF EITHER, NOT)  20c. TIME OF I HOUR  21. I cer saw the	DEATH (Enter only one co EATH WAS CAUSED BY: IMMEDIATE CAUSE  OUE  TO A CAUSE BY: IMMEDIATE CAUSE  DUE  TO A CAUSE BY: DUE  TO A CAUSE  TO A CAUSE	use per line fo (a) (b) (c) (c) (contributing  20b. D  20d. Whill of wo	TO DEATH BUT NOT RELATED TO DEATH BUT NOT RELATED TO DEATH BUT NOT RELATED TO DESCRIBE HOW INJURY OCCURRED BUT NOT While at work at work at work and and the deceased frame.	O THE TERMINAL DISEASE CO.  D. (Enter nature of injury in foctory, street, office bldg., etc.  March 3,	Port I or Port II of item IB.)  m, 20f. (City or town)  1967, to March 3  13:00 Mx from causes	(Count , 19 <u>67</u> and an the	ONSET AND DEATH  19. WAS AUTOPSY PERFORMED? YES NO  (Stote)  7, that (I) (we) la date stated abay
TB. CAUSE OF PART 1. D  Conditions, if or rise to immediate to immedia	DEATH (Enter only one co cath Was Caused BY: IMMEDIATE CAUSE OPEN OF THE CAUSE OF DEATH OF MEDICAL EXAMINER)  NJURY Month, Doy, Year O.m. 19  Trify that (I) (this had deceased alive an MERE	use per line fo (a) (b) (c) (c) (contributing  20b. D  20d. Whill of wo	TO DEATH BUT NOT RELATED TO DEATH BUT NOT RELATED TO DEATH BUT NOT RELATED TO DESCRIBE HOW INJURY OCCURRED BUT NOT While at work at work at work and and the deceased frame.	O THE TERMINAL DISEASE CO.  D. (Enter nature of injury in foctory, street, office bldg., etc.  March 3,	DIDITION GIVEN IN PART 1(a)  Port I or Port II of item 1B.)  m, 20f. (City or town)  19 67, to March 3	(Count	ONSET AND DEATH  19. WAS AUTOPSY PERFORMED? YES NO  (Stote)  7, that (I) (we) la date stated abay

Cheverly, Maryland

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages shauld be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 haurs of Page 4 may be retained by the hospitol or ottending physician. TO HOSPITAL

BOWERAL DIRECTOR Penn, Jr., Admin

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

04025

#### CERTIFICATE OF DEATH

04024

* k		
1	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)
-1	a. COUNTY f	MARYLAND O. STATE District of County
-	thince beorges	0,31,
- 1	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)	OF STAY IN 1b c. CITY OR TOWN (If autside corparate limits, write RURAL and give neorest town)
	Clinton 4	- Nays WAshington, D.C. 47-3
-	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street ad	ddress) d. STREET ADDRESS e. IS RESIDENCE
2	1 ml 1 m 1 m	2221300, 8t. 5. E, ON A FARM? YES NO.
	Southern Md Hosp Center	
1	DECEASED	Middle Last 4. DATE Manth Day Year
15	(Type ar print) John L. C	JARK DEATH MARCH 27 1967
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVE	R MARRIED B. DATE OF BIRTH 9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.
	m (4) WIDOWED	DIVORCED 8-15-1884 S2 yrs. Manths Days Haurs Min.
ŀ	1Da, USUAL OCCUPATION (Give kind of work dane 1Db, KIND OF BUSIN	
ı	during most of working life, even if tetired) / WDUSTRY	COUNTRY 1 C
	State Dent US.9	Virginia Volt
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	111'01: In 6 (1/0)	6 Rada Misamia Charita
	William Joann Las	RITY NO 17 INFORMANT Address SAMITZ
	15. WAS DECEASED EVER IN U.S. ARMED FORCES?  (Yes, na, or unknown) (If yes give war ar dotes of service)	the state of the s
	NO 579.44	4-6093 MRS KOZATKA K LARRISON AS. L)
ŀ	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and	INTERVAL BETWEEN
-	PART I. DEATH WAS CAUSED BY:	( CROSSET AND DEATH
	IMMEDIATE CAUSE (a)	3-6
	948 N DUE TO	and talling
	Canditians, if any, which gove isse to immediate cause (a),	amp
-	stating the underlying cause DUE TO	2 27 2 1
	last. (c) (Kude	ordinal Macella deserve
	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
3	S TAKE II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO BEATING	PERFORMED?
	20g. ACCIDENT WAS UNDERLYING  20g. A	YES NO
	돌   20g. ACCIDENT WAS UNDERLYING □   20b. DESCRIBE HOW	/ INJURY OCCURRED. (Enter nature of injury in Part I ar Part II af item 1B.)
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCUR	RRED   2De. PLACE OF INJURY (Home, farm,   2Df. (City or town) (County) (State)
	Hour o.m. While Nat W	
	≥ p.m. 19 at wark □ at w	rark 🗆 1 1 2 3/1
	21. I certify that (I) (this haspital) attended the d	lecegsed fram
	saw the deceased alive an 3/27 19	9 And that death accurred at 4500 M, fram causes and an the date stated above.
	22a. SIGNATURE	22b. DATE SIGNED
-	186001	After M.D. PHYS. DIRECTOR PHYS.
	22c. PHYSICIAN'S	22d. ADDRESS
	NAME (Type)	
		ME OF CEMETERY OR CREMATORY 23d LOCATION (City or Tawn) (Caunty) (State)
	BMOVAL (Specify) 3-30-67 (	edar Hell Swittand ma
	24. FUNERAL DIRECTOR AD	DRESS 250 RECID BY REGISTRAR 250. REGISTRAR'S SIGNATURE
,	Lee KUNERAL HONJE3	200-4 ST 11 1 1967 Cliantes Judge

**TO FUNERAL DIRECTOR:** After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremotian, or removal, and in any event, within 72 hours ofter death. **TO HOSPITAL OR ATTENDING PHYSICIAN:** The low requires that the death certificate be executed within 24 hours after death. Page 4 moy be retained by the hospital or attending physician.

> VR A15 (4) 20 M 1/66

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MAKILAND STATE DEPARTMENT OF HEALTH						
<b>Division of STATISTICAL</b>	RESEARCH AND RECORDS, 301	W. PRESTON STREET, BALTIMORE,	MARYLAND 21201			
	CEDTIFICATE	OF DEATH	04008			

04026	LEKTIFICATE C			1023
1. PLACE OF DEATH a. COUNTY Prince Georges		usual residence (Where de a. STATE Marylan	ceased lived, if institution: I b. COUNTY Pr	Residence befare admission)  InceGeorges
b. CITY OR TOWN (If autside corparate limits, write RURAL ond give neorest town)  Cheverly  4	days	CITY OR TOWN (If autside car Seabroo	parote limits, write RURAL o	and give nearest tawn)
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street or  PrinceGeorges General Hospit		STREET ADDRESS 6800 96	th Avenue	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED (Type or print)  Jean  Jean	widdle ette) Cohe	Last 4. DA OF DE	TE Month	Day Year 27 19 67
5. SEX 6. COLOR OR RACE 7. MARRIED NEVE	DIVORCED 1	9 Aug. 1905	61 yrs.	UNDER I YEAR IF UNDER 24 HRS. Inths Days Haurs Min.
10a. USUAL OCCUPATION (Give kind af wark dane during most of warking life, eyen if retired)  NDUSTRY  NOUSE WIFE		1. BIRTHPLACE (County & State, Scranton P		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Samuel Katz		Anna		
1S. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, ar unknown) (If yes give war ar dates of service)	RITY NO. 17. INFO	RMANT	Address	
1B. CAUSE OF DEATH (Enter only ane couse per line for (a), (b), and PART I. DEATH WAS CAUSED BY:    MMEDIATE CAUSE (a)	Tiple pulm ratic Heart tive Heart,	onary Emboli Disease : failure	, .	INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BL				19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	INJURY OCCURRED. (Ente	r nature of injury in Port I or	Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour o.m. p.m. 19 20d. INJURY OCCUE While Not W at work at work	/hile ark factory, s	treet, affice bldg., etc.)	of. (City or tawn)	(Caunty) (State)
21. I certify that XX (this haspital) attended the d saw the deceased alive an 3/28/67	eceased fram <u>Mc</u> ), and that de	oath accurred at6,50	, ta March 28, AM, fram causes and	, 19 <u>67</u> , that ( <b>X</b> ) (we) la an the date stated abov
22c. PHYSICIAN'S NAME (Type)  V. HERNANDEZ, M.D.	M.D.	ATTENDING MED. PHYS. DIRECTO 22d. ADDRESS Prince George	R STAFF PHYS.	March 28, 196
burial 3-30-67 Mt.	Sharon C		LOCATION (City or Town)	(Caunty) (State) Inty, Penna. RAR'S SIGNATURE
Bernard Danzansky & Sons S			1967 Police	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and completely filled in by the director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages should be filed with the State Dept. of Health priar to burial, crematian, ar removal, and in any event, within 72 haurs after the state of the state Dept.

VR A15 (4) 20 M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

04027		CERTIFIC	ATE OF DEATH		04026
1. PLACE OF DEATH				Where deceased lived, if institu b. COU	tian: Residence befare admission)
a. COUNTY Pri	nce George's	MARYLAN	a. STATE Mar	yland	Pr. Geo's
b. CITY OR TOWN (If o	autside carporate limits,	c. LENGTH OF STAY IN I	c. CITY OR TOWN (If a	utside carparate limits, write RU	
write RURAL and g	Heights	12 Years	Hillcres	t Heights, Mg	aryland 16-1
	OR INSTITUTION (If not in h		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
3018- Cu:	rtis Drive S	SE.	3018- Cu	rtis Drive SE	YES NO E
3. NAME OF DECEASED (Type or print)	Nicolo First	Middle	Cono	4. DATE March	2nd. 19 67
S. SEX	COLOR OR RACE 7. N	ARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years last birthday)	Manths Days Haurs Min.
Male	White w	DOWED DIVORCED [	May 11-189	O 76 yrs.	mainins buys naois min.
10a. USUAL OCCUPATION (of during most of working life Retired	Give kind af wark dane e, even if retired) 	10b. KIND OF BUSINESS OR INDUSTRY Dairy	11. BIRTHPLACE (County Italy	& State, ar fareign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME	
	Unknown			Unknown	
15. WAS DECEASED EVER	N U.S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT Wife	Add	ress
(1es, na, ar unknawn)	yes give war ar dates af serv	ice	Angelina Cono	Same as Item	1 #2
Canditians, if any, wrise ta immediate stating the underly last.	tause (a), ing cause (c)	Hyperlensi		Vasculara	
PART II. OTHER SIGN	IIFICANT CONDITIONS CONTRI	BUTING TO DEATH BUT NOT RELATE			19. WAS AUTOPSY PERFORMED? YES NO
20a. ACCIDENT WAS U OR CONTRIBUTING C (IF EITHER, NOTIFY M	CAUSE OF DEATH	205. DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of injury in	Part I ar Part II af item 18.)	
20c. TIME OF INJUR Haur a.m. p.m.	Y Manth, Day, Year 19	20d. INJURY OCCURRED 20 While Nat While at wark at wark	e. PLACE OF INJURY (Hame, fari factary, street, affice bldg., etc	)	(Caunty) (State)
saw the dec		) attended the deceased from 19 67, and	am	19 <u>66, ta3</u> — t_1140M, fram causes	2, 19 <u>67,</u> that (I) (we) los and an the date stated above
22a. SIGNATURE	F. 10	Tega oui	M.D. ATTENDING PHYS.	MED. STAFF DIRECTOR PHYS.	22b. DATE SIGNED March 3-67
22c. PHYSICIAN'S NAME (Type)	M. Far Te	aleghani	22d. ADDRESS 3611 →Br	anch Ave, SE	Hillcrest Hghts Md.
23a. BURIAL, CREMATION	, 23b. DATE THEREOF			23d. LOCATION (City or T	awn) (Caunty) (State)
Bur al	3-6-1967		coln Cemetery	Bladensbu	
24. FUNERAL DIRECTOR	ros. 1661-Go	ADDRESS od Hope Rd SE 1		MAR 6 1967	REGISTERS SIGNATURE Judge

**10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending prysticm and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filed with the State Dept. af Health priar ta burial, cremation, ar remaval, and in any event, within 72 hours after death

VR A15 (4)

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# after deoth. Poge 4 moy be revained to the hospital or attending physician. TO FUNERAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in the page 3 should be defached for use as the burial-transit permit. Then please remays\_carbon papers. Pages 1 and the State Board of Health prior to burial, cremation, or remayol, and in any eventivitinin 2 hours ofter death. ENDING PHYSICIAN: The low requires that the death certificate be executed within 24 have TO HOSPITAL OR AT

VR A1S (4) 1SM 9/S9

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

04028	CERTIFICA	TE OF DEATH		04027
PLACE OF DEATH a. COUNTY Pr. G.O.	MARYLAND	2. USUAL RESIDENCE (WE STATE Maryland	here deceased lived. If institute b. COUN	ution: Residence before admission)  TY Pr. G.O.
b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)  Lannam		c. CITY OR TOWN (If o	outside corporate limits, write	e RURAL and give nearest town)
	10 days	Mt.Raini	.e.i.	/ G /
d. NAME OF HOSPITAL (If not in hospital, give stree or INSTITUTION Magnolia Gardens Ni	arsing Homa	d. STREET ADDRESS  2700 - A	rundel Road	e. IS RESIDENCE ON A FARM? YES NO 1
NAME OF DECEASED (Type or print)	Middle B.	PANKAD	4. DATE OF DEATH	Aonth Day Year  10 1967
973 3 Tark 0 A	RRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH 10/1/1882	9. AGE (In yea lost birthday 84 yi	Months Days Hours Min.
0a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	b. KIND OF BUSINESS OR INDU	Penna.	or fareign country)	12. CITIZEN OF WHAT COUNTRY
3. FATHER'S NAME		14. MOTHER'S MAIDEN I		
Thomas Karnes		Mary E	Ellen Mullor	ney
(Yes, no, or unknown)   (If yes, give wor or dates of service)				ddress ve address)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  Conditions, if ony, which gove rise to immediate couse (a), stating the under:  VOID PART II. OTHER SIGNIFICANT CONDITION  PART II. OTHER SIGNIFICANT CONDITION  20a, ACCIDENT WAS UNDERLYING  20a, ACCIDENT WAS UNDERLYING  20b. D  OR CONTRIBUTING  CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	ande Mentager of Contributing to Death BUT S CONTRIBUTING TO DEATH BUT SECRIBE HOW INJURY OCCURRE	hized an	Tekis clar	ONSET AND DEATH MINUTE  PUR of Week  GIVEN IN PART 1(6) 19. WAS AUTOPS PERFORMED? YES NO
	ESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	rail for roll if of field fb.)	
Haur a.m. Whi	t.	ACE OF INJURY (Hame, forn ctory, street, office bldg., etc		(County) (State
21. I certify that (1) (this hospital) ofter sow the deceased olive on MAN	113 (4)			20 , 1962, that (I) (we) last and on the dote stated obove
22c. PHYSICIAN'S	revore		ED. STAFF PHYS.	22b. DATE SIGNE
NAME (Type)  230. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY O		23d. LOCATION (City, tow	In or county (Ct.)
Burial 3/23/67	St.Francis	Xavier Cen	. Cresson	, Penna.
24. FUNERAL DIRECTOR'S SIGNATURE Nalley	's ADDRESS Mt.Ra	inier, 25a. REC	R 2 3 1967	Clientes Judge

\$2070 THE STATE OF THE S w Gang Tennist - 1272 Total Palland on the Desident PANA . COULD IN WALL TO NOT unierma (i ota) i talimi ari i interiore più i interiore più i and the state of t Conducted Colored of which is a formation Company of the second of the s the purchase of the second of The State of the Land of the L

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 04029 **FOR STATE** HEALTH DERT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) d STATE Maryland b. COUNTY o. COUNTY Page Prince George's Prince George's MARYLAND b. CITY OR TOWN (If outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b. gnd State Departme write RURAL and give nearest town) Cheverly DOA Bowie d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS 4 should be forwarded to the Chief Medical Examiner's Office olong with form Prince George General Hospital 12325 Tilbury Lane This certificate should be executed within 24 hours ofter death. 3. NAME OF Middle Lost 4 DATE DECEASED (Type or print) Minnie Gertrude Cronin DEATH 9. AGE (In years 6 COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED lost birthdoy) in Item 18. WIDOWED DIVORCED 11-26-11903 white female 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) during most of working life, even if retired) INDUSTRY never worked Georgia 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Isadore Koppel Hannah Manne IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give war or dotes of service) event within 067-38-8346 Paul R. Morrissey - same as #2 above 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Heart failure writing the word DUE TO Hypertensive arteriosclerotic heart disease any ( Conditions, if ony, which gave rise to immediate couse (a), .⊑ DUE TO stating the underlying cause 3 should be used cremotion, or removal, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.) PRIMARY Or CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Home, form, (City or tawn)

ot wark

Natolal

Mar. 16.1967

death resulted from:

NAME (Type) John/Kehoe, M.D.

E. Hopping

HOPPING FUNERAL HOME - Annapolis.

ACTUAL

SIGNATURE

BURIAL, CREMATION.

Removal-Buri

ot work 21. I certify that I taok charge of the remains described above, held an Autapsy [], Inspection [x],

// Accident

and in my apinian 22. DATE SIGNED

e. IS RESIDENCE ON A FARM?

INTERVAL BETWEEN

WAS AUTOPSY

PERFORMED? NO

12. CITIZEN OF WHAT

COUNTRY?

USA

(County)

Inquiry x

Undetermined manner

YES NO X

VR A15ME (5)

DIRECTOR: Page

prior 1

Health

funeral director.

the

foctory, street, office bldg., etc.)

Hamicide

CHIEF MEDICAL EXAMINER

ASSISTANT MEDICAL EXAMINER

DEPUTY MEDICAL EXAMINER

Address (Street, city, town, or county)

Suicide [

Riverdale, Md.

1 23c. NAME OF CEMETERY OR CREMATORY

Mount Hone

23d. LOCATION (City ar Town) Brooklyn

1 B1200	r april		traferon		atmenuo perces
			e ivoti	211	
		87°4 T	CHEEK SECRE	Salin	rdince Guigno Colonia
all 1			m Accordi	n) and	oter stall
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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS 301, W. PRESTON STREET, BALTIMORE, MARYLAND 21201

FOR STATE		04030 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH	29
HEALTH DEPT.		PLACE OF DEATH O. COUNTY Prince George's MARYLAND	2. USUAL RESIDENCE (Where deceased lived, if institution: Reside a. STATE b. COUNTY Maryland Prince Ge	orge's
y delay and 3 PM3. PM3. artmen		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)  Cheverly  DOA	c. CITY OR TOWN (If autside carparate limits, write RURAL and gi	16-1
If an arm arm e Dep		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  Prince George General Hospital	d STREET ADDRESS  8401 Allendale Drive.	e IS RESIDENCE ON A FARM? YES NO
M M	3.	NAME OF First Middle DECEASED (Type ar print) George Henry Cur	Lost 4. DATE Month OF DEATH 3	Day Year 19 19 67
This certificate shauld be executed within 24 haurs after icate, writing the word "pending" in pencil in Item 18. Give be farwarded to the Chief Medical Examiner's Office along 1 be used as a burial-transit permit. File pages Tarid 2 with the remayal, and in any event within 72 haurs after death.		Male white WIDOWED DIVORCED	8. DATE OF BIRTH  12-23-1911  9. AGE (In years last birthday) 55 yrs.    FUNDER   Manths   Ma	Days Haurs Min.
hin 24 hau ncil in Iten niner's Offi pages Tare urs after &	duri	USUAL OCCUPATION (Give kind af wark dane ng mast af warking life, even if retired)  10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State ar foreign country)  12. C  North Carolina  14. MOTHER'S MAIDEN NAME	OUNTRY?
ed within 24 in pencil in all Examiner's I. File pages 72 haurs afte		FATHER'S NAME  William Cummings  WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	Minnie Highsmith  NFORMANT Address	
ld be executed rd "pending" in Chief Medical E fransit permit. F event within 72		s, na, or unknawn) (If yes give war ar dates of service)	INTOKINANI AUUI 633	INTERVAL BETWEEN
shauld be execute te word "pending" a the Chief Medica burial-transit permit		18. CAUSE OF DEATH (Enter anly one cause per line far (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE (AUSE (a) Heart failure  #### DUE TO Arteriosclerotic P	hacut di nana	onset and death minutes unknown
the word ta the Ch burial-tra in any ev		Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause	meart disease	unknown
e, writing the farwarded ta ta used as a built band in a		lost: (c)   PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY
icate, writing the farwa be farwa d be used remaval,	CERTIFICATION	20g EXTERNAL CAUSE WAS 20h DESCRIBE HOW INTIRE OCCURREN	(Enter nature of injury in Part I ar Part II of item 18.)	PERFORMED? YES NO
4	MEDICAL CERT			aunty) (State)
CAL EXAMINER: execute the certifur. Page 4 shauld far your files. TOR: Page 3 shau urial, crematian, a	MED	Haur o.m. p.m.  19 While Not While of wark at wark  21. I certify that I took charge of the remains described above, he	eld an Autopsy , Inspection , Inquiry &	and in my opinio
- a + a = =		death resulted from: Natural souses 😓 , Accident 🗌 , Suic	cide, Homicide, Undetermined manner [ CHIEF MEDICAL EXAMINER	
DEPUTY M ecessary, ple te funeral di may be reto FUNERAL DI ealth priar to		EXAMINER'S NAME (Type) John Kehoe, M.D. Riverdale, Md.	ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	22. DATE SIGNE 3-20-67
TO DEPUTY MED necessary, please the funeral direct 5 may be retain to FUNERAL DIRE Health priar to b	230	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR	CREMATORY 23d. LOCATION (City ar Town)	(County) (State)
VR A15ME (5)	24	FUNERAL DIRECTOR ADDRESS	250. RECD BY REGISTRAR MING TON RARS MAR 2 2 1967 Johnson	N. C.
UN 1/0/		Lee Funeral Home Washington	1, De. Parit & & loot	0

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#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STA 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) PLACE OF DEATH o. COUNTY a. STATE b. COUNTY P.M.3. Page with the Stote Department of Prince George's Maryland Baltimore MARYLAND delay b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corporate limits, write RURAL and give neorest town) DOA Randallstown Riverdale e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS 4 shauld be farwarded to the Chief Medical Examiner's Office along with form YES NO X pencil in Item 18. Give Poges Leland Memorial Hospital Route 5. Old Court Road be executed within 24 hours ofter death. 4 DATE 3. NAME OF Middle Year DECEASED Cunningham 11 1967 Robert Earl DEATH (Type or print) B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 21 yrs. Months WIDOWED DIVORCED May 18, 1945 event within 72 hours ofter death white male permit. File pages lond 11. BIRTHPLACE (Stote or foreign country) 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? MARYlAnd 14. MOTHER'S MAJDEN NAME 13. FATHER'S NAME CUNNINGHAM MAdelAINE 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service) 216-44-2440 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) burial-transit ONSET AND DEATH PART I DEATH WAS CAUSED BY: Laceration of brain IMMEDIATE CAUSE (o) certificate should writing the ward DUF TO in any Conditions, if ony, which gove Skull fracture rise to immediate couse (o), DUE TO 0 stoting the underlying couse ond 3 should be used WAS AUTOPS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) cremation, ar removol, PERFORMED? the certificate, 20o. EXTERNAL CAUSÉ WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) PRIMARY TO OF CONTRIBUTING DICAL EXAMINER: passenger in right front seat of car involved in collision CAUSE OF DEATH. 20d. INJURY OCCURRED 2 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (Stote) 20c. TIME OF INJURY Month, Doy, Year while of work of work U.S. Rte. 1 at Rte. 193 FUNERAL DIRECTOR: Page Hour om P.G. Md. 11 : 500mp.m. 21. I certify that I taak charge of the remains described above, held on Autopsy , Inspectian X, Inquiry X, and in my opinian the funeral directar. Suicide . death resulted fram: Natural causes Accident Hamicide Undetermined manner CHIFF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER prior SIGNATURE 3-11-67 DEPUTY MEDICAL EXAMINER Health NAME (Type) John Kehoe M.D., Riverdale, Maryland Address (Street, city, town, or county) 23d. LOCATION (City or Town) 0 Meadowridge Cemetery 250. REC'D BY REGISTRAR 25H REGISTRAR'S SIGNATURE VR A 15ME (5) Muniley

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# FOR STATE HEALTH DEPT. 5 may be retained far yaur files. TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the State Department af Health priar ta burial, cremation, ar remaval, and in any event within 72 haurs after leath. O DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 haurs after death. If any delan necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and the funeral directar. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with farm PM3. TO DEPUTY MEDICAL EXAMINER:

VR A15ME (5) 6M 1/67

MARYLAND STATE DEPARTMENT

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

Items #11 12 13 EXAMINER'S CERTIFICATE OF DEATH

1. PLACE OF DEATH	2	MEDICAL	.AAIIIIIILK .	CERTIFICATE C		ution: Residence before odmission)
o. COUNTY	rince George		MARYLAND	Maryland	h (0)	
	(If outside corporate limits,		TH OF STAY IN 1b		utside corporote limits, write R	
write RURAL or	nd give neorest town)			,		
Chever		DC		Upper Ma	riboro	e is residence
d. NAME OF HOSPI	ITAL OR INSTITUTION (If not in	hospitol, give street	oddress)	d. SIKEEL ADDKESS		ON A FARM?
Prince	George Gener	al Hospita	al	Rt. 301, B	ox 4981	YES NO
3. NAME OF	First		Middle	Lost	4. DATE Mo	nth Doy Year
(Type or print)	Brenda	Lo	is	Curtis	DEATH 3	25 19 67
S. SEX			VER MARRIED	8. DATE OF BIRTH	9. AGE (In yeors	IF UNDER 1 YEAR 1F UNDER 24 HI
Female	Negro	WIDOWED	DIMODEED [	26 Jan. 1950	lost birthdoy)	Months Doys Hours Min
	N (Give kind of work done	10b. KIND OF BU		11. BIRTHPLACE (Stote	or foreign country)	12. CITIZEN OF WHAT
during most of working	g life, even if retired)	INDUSTRY		Annapol	is, Md.	COUNTRY? U.S.A.
13. FATHER'S NAME				14. MOTHER'S MAIDEN	NAME	
Ottway	Curtis			Mildre	d Brown	
IS. WAS DECEASED EV	/ER IN U.S. ARMED FORCES?	16. SOCIAL SEG	URITY NO. 17	INFORMANT	Add	ress
(Yes, no, or unknown)	(If yes give wor or dotes of se	ervice)				
Conditions, if on rise to immedia storing the und lost.  PART II. OTHER:	orte couse (o), erlying couse (c)				INDITION GIVEN IN PART 1(o)	19. WAS AUTOPSY PERFORMED?
20o. EXTERNAL (PRIMARY X or C				al la		YES NO
Z 20o. EXTERNAL ( PRIMARY X or C	CAUSE WAS ONTRIBUTING	20b. DESCRIBE HO	W INJURY OCCURRE	D. (Enter noture of injury in	Port I or Port II of item IB.)	
			y assail			
20c. TIME OF IN Hour of	10 4	20d. INJURY OCC While Not of work of		LACE OF INJURY (Home, for octory, street, office bldg., etc ome		(County) (State)
			81	A CONTRACTOR OF THE PERSON OF	Inspection x, Inc	
death resu	Ited fram: Natural)	causes , Ac	cident 🔲, Si	bacand /	Undetermined	manner
ACTUAL SIGNATURE	Ackin	1400	1/20	CHIEF MEDICAL  ASSISTANT ME	L EXAMINER DICAL EXAMINER	22. DATE SIGN
EXAMINER'S	. 1	1		DEPUTY MEDIC	AL EXAMINER	17.9
	Jøhr Kehoe, M		erdale, M		et, city, town, or county)	3-27-67
230. BURIAL, CREMAT REMOVAL (Speci	fry) 23b, DATE THERE	67 m	AME OF CEMETERY C	OR CREMATORY	23d. LOCATION (City or Lebern al	lora madiote)
24. FUNEVAL DIRECT	7. 7.	1 2/2	ADDRESS 3 9	- Hut 250. REC	2 9 1967 25b.	REGISTRAR'S SIGNATURE

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

04	033	183	CERTII	FICATE O	F DEATH		04032	2	
o. COUN		6e0	RGC MAR	YLAND	STATE MAR	Where deceased lived,	b. COUNTY M	tomer	J
write	OR TOWN (If outside of RURAL and give near	est town)	c. LENGTH OF STAY	IN 1b c. C	SILVER	tside corporate limits,	write RURAL and giv	re neorest town) /	
d. NAM			hospitol, give street oddress)	e RO 8	TREET ADDRESS	ALVENTO	3 Rp.	e. IS RESIDEN ON A FARI YES NO	
3. NAME ( DECEAS (Type of	OF ED	First	Middle	OA	Lost RBY	4. DATE OF DEATH	Month 3	Doy Year 29 196	7
S. SEX	6. COLOR	OR RACE 7.1	MARRIED NEVER MARRIE  //IDOWED DIVORCE		-30 - 8	9. AGE (In last in	yeors IF UNDER thdoy) Months	Doys Hours	4 HRS. Min.
10o. USUAL during mo	OCCUPATION (Give kind of yorking life even if	of work done retired)	10b. KIND OF BUSINESS OR, INDUSTRY	Theop 11.	8IRTHPLACE (County)	& State, or foreign coun D. C.		DUNTRY?	
13. FATHER	AMES	F+ +2	PATRICK	1	MOTHER'S MAIDEN M	Demo.	ver		
1S. WAS D (Yes, no, or	ECEASED EVER IN U.S. AR unknown) (If yes give	MED FORCES? wor or dotes of serv	16. SOCIAL SECURITY NO. 577-01-601	17. INFOR	MANT	Len	Address	Prano	~
	PART I. DEATH WAS CAL		er-line for (o). (b), ond (c).)	Perote	Nea	it D	Lease	INTERVAL BETWE	
	ions, if ony, which gov immediate couse (o	I	Generaly	ed a	iteus	sclare	oses	Sujea	4
stoting last.	the underlying cous	e (c)_	O					/	-
NOLVE	II. OTHER SIGNIFICANT	CONDITIONS CONTR	IBUTING TO DEATH BUT NOT RE				THE NE	19. WAS AUTOPS PERFORMED YES NO	? _
OR CO	CCIDENT WAS UNDERLYIF NTRIBUTING [] CAUSE O HER, NOTIFY MEDICAL EX	F DEATH	20b. DESCRIBE HOW INJURY O	OCCURRED. (Enter	noture of injury in	Port I or Port II of ite	m 18.)		ľ
20c. 1	IME OF INJURY Month, Haur o.m. p.m.	Day, Yeor	20d. INJURY OCCURRED While Not While of work of work		INJURY (Home, form eet, office bldg., etc.)		town) (Co	ounty) (Sto	ote)
2 50	21. I certify that (I) (this hospital) ottended the deceased from May 30, 19,59, to May 29, 18,7, that (I) (we) la saw the deceased alive on May 29, 1967, and that death occurred at 200 M, from causes and an the date stated above								
_	SIGNATURE	us F	Haure	ŒCLM.D. P	TTENDING HYS.	MED. STA	AFF 22b. D	DATE SIGNED	6
1	PHYSICIAN'S NAME (Type)	ANCIS	PHANN	4N 1	22d. ADDRESS	15T.N.V	V. WA	SHID,	0
REMO	AL (Specify)	Parch 3	1-67 mt. 64		mietery	23d. LOCATION (C	suglo	(County) (Stor	e) .
24 FUNE	Koma Si	ineral /	Jakoma ADORESIL	well	2So. RECD	3 1 1967	25b. RESISTRAR'S	SIGNATURE	

Page 4 may be retained by the haspital ar attending physician. VR A15 (4) 20 M 1/66

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after dea

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

R STATE		04034	MEDICAL EXAMINER	S CERTIFICATE O	F DEATH U	4033
TH DEPT.		PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (W	here deceased lived, if institution b. COUNTY	
age d	$\perp$	Prince George 1s	MARYLANO	Maryland	Princ	ce George's
nen nen		b. CITY OR TOWN (If outside corparate limits, write RURAL and give nearest tawn)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If our	tside carparate limits, write RURAL	and give nearest tawn)
M3		Cheverly	DOA	Glen Ard	en	110-1
ode		d. NAME OF HOSPITAL OR INSTITUTION (If not in	haspital, give street address)	d. STREET AOORESS	VAA	e. IS RESIDENCE
- 49		Prince George General	Homital	8646 Johns	on Arra	ON A FARM? YES NO
age 4 should be forwarded to the Chief Medical Examiner's Office ole your files. Page 3 should be used as a burial-transit permit. File pages Land 2 wi cremotion, or removal, and in any event within 72 haurs ofter deaths.		NAME OF First	Middle	last	4. DATE Manth	Oay Year
ong with form		DECEASED		eadwyler	OF	2 19 67
Bu Ze	5	(Type or print) Mary SEX 6. COLOR OR RACE 7.	MARRIEO NEVER MARRIEO	B. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR   IF UNDER 24 HRS
of (M/F)	1	- Cook of the first	VIDOWED DIVORCEO		last birthday)	Manths Days Haurs Min.
e 2 e		CHICTE MESTO		11-18-1904	62 yrs.	12. CITIZEN OF WHAT
Office of	dur	. USUAL OCCUPATION (Give kind af wark dane ing most af warking life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State	•	COUNTRY?
r's es l			HOUSE WIFE	GEORG		
ine ine rs (	13.	FATHER'S NAME		14. MOTHER'S MAIOEN N		
Examiner's File poges 2 haurs offe		IIM FOOTE		EMMAH	TCHCOCK	
ES ES	. 15.	WAS DECEASED EVER IN U.S. ARMED FORCES?		. INFORMANT	Address	8646 Johnson Cert
in in	()	es, na, ar unknawn) (If yes give wor ar dates af ser	vice)	FROY D	FADWYI FA	a Do Condo
Med	-	18. CAUSE OF DEATH (Enter only one cause p	er line far (a) (b) and (c))			INTERVAL BETWEEN
nt.)	10	DADT I DEATH WAS CALISED DV.	Heart failure			ONSET AND DEATH minutes
Chi eve	)	4200 IMMEDIATE CAUSE (a) _	Arteriosclerotic	harm dianon	_	
wara the Ch rial-tro ny eve		Canditions if any which caus >	Arterioscierotic	neart diseas	е	over 2 yr
n a		rise to immediate cause (a),				
p o p		stating the underlying cause				
and and		(1)	NAME OF THE PARTY PARTY AND THE PARTY OF THE	O THE TERMINAL DISEASE COM	OUTLON CHIEF IN DART 1/-)	19. WAS AUTOPSY
use val	No	PART II. OTHER SIGNIFICANT CONDITIONS CONTR	RIBUTING TO DEATH BUT NOT RELATED I	O THE TERMINAL DISEASE CON	UITION GIVEN IN PART I(0)	PERFORMEO?
be to	CERTIFICATION					YES NO 2
l bl	E	20a. EXTERNAL CAUSE WAS PRIMARY □ ar CONTRIBUTING □	206. OESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in F	Part I ar Part II af item 1B.)	
SS. Dou O , o		CAUSE OF DEATH.				
short 13 Sla	MEDICAL	20c. TIME OF INJURY Month, Day, Year		PLACE OF INJURY (Hame, farm		(Caunty) (State)
ge de mo	ME	Haur a.m.	While Nat While at wark	octory, street, affice bldg., etc.)	Carlo Attended Attended	1 FE - 14/7X TO
P Y ag		. 21. I certify that I taok charge at		held an Autoney	Inspection Inquir	y x, and in my apinio
ctor, P ned for ECTOR burial,	3 50			vicide , Hamicide		
ry, prease e erol director be retoined RAL DIRECT prior to bur		dealif lesofied fiditi. Natora d	Accident	CHIEF MEDICAL		liter
dire to to		ACTUAL / Lata	Kaland			22. DATE SIGNED
RAL E		SIGNATURE 1	Nevr	M U.	CAL EXAMINER	
ER be		EXAMINER'S	D D: 1-3 M		L EXAMINER X	2 0 47
the funerol the funerol to the funerol to the funeral to the funeral Heolth prior	0.5	NAME (Type) John/Kehoe, M.	D. Riverdale, M		city, fawn, ar county)	3-2-67
the He	23	BURIAL CREMATION, 23b. DATE THEREO			23d. LOCATION (City or Town	) (Caunty) (State)
0	-	Tar. O,			Md.	TRANS CIONATURS
VR A15ME (5)	2	I. FUNERAL OIRECTOR NUMBER 6 - 67	Cardons Com	Mari Dimi	6 1967 25by PEGIS	STRAR'S SIGNATURE
6M 1/67	1	" Maller on Hours	to a TID Sheer	and Po Minis	1001	00

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**10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remaye carban papers. Pages I and should be filed with the State Dept. of Health priar to burial, crematian, or remaval, and in any event, within 72 haur, after death

VR A15 (4) 25M 1/67

#### MARYLAND STATE DEPARTMENT OF HEALTH

04035		CERTIFIC		OF DEATH	KE, MAKTLANI		14034		
1. PLACE OF DEATH	ince George's	MARYLA		2. USUAL RESIDENCE (W		. if institution	: Residence befo		
write RURAL and	If outside corporate limits, d give nearest town) everly	8 hrs.45 m	in.	c. CITY OR TOWN (If autside carparate limits, write RURAL and a			and give near	give nearest town)	
	AL OR INSTITUTION (If not in he George's Gene	1		d. STREET ADDRESS 6407		e. IS RESIDENCE ON A FARM? YES NO			
3. NAME OF DECEASED (Type or print)	First Baby	Middle		Lost Deal	4. DATE OF DEATH	Month Marc	h 4		
S. SEX Male	0-1	ARRIED NEVER MARRIED  DOWED DIVORCED		DATE OF BIRTH arch 4, 196	9. AGE (		FUNDER 1 YEAR Manths Days		
during most of working	(Give kind af wark dane life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY		Prince Geo	orge's, M		12. CITIZEN C COUNTRY		
13. FATHER'S NAME  Jose	ph Leo Queen			Janice	AME Sheila De	al			
1S. WAS DECEASED EVE (Yes, na, ar unknawn)	R IN U.S. ARMED FORCES? (If yes give wor ar dates af servi	16. SOCIAL SECURITY NO.	17. INF	ORMANT Mother		Address As ab	ove		
18. CAUSE OF DI PART I. DEA Canditians, if any, rise to immediat stating the under last.	e cause (a),	frematuri	ent of	atelec	tasio			NTERVAL BETWEEN NSET AND DEATH	
PART II. OTHER SI  20a. ACCIDENT WAS OR CONTRIBUTING		BUTING TO DEATH BUT NOT RELATE						P. WAS AUTOPSY PERFORMED? YES XX NO	
	☐ CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCU	KKED. (EN	ter nature at injury in t	ranti ar rantii ati	rem 18.)			
20c. TIME OF INJU	10	20d. INJURY OCCURRED 20 While Not While at wark at wark		OF INJURY (Hame, farm , street, office bldg., etc.)		ar town)	(Caunty)	(State)	
21. I certification	fy that (I) (this hospital) eceased alive an Marc	attended the deceased from	m;	3/4/ leath accurred at	967 ta 3 LO:45M, fram	/u/ causes an	, 19 <mark>6.7_</mark> , t d on the do	that (I) (we) la ite stated abav	
22a. SIGNATURE 22c. PHYSICIAN'S NAME (Type)	100	confy	M.D.		MED.	HYS.	3-6	NED -67	
23a. BURIAL, CREMATIC REMOVAL (Specify Cremation 24. FLINERM DIRECTO	DN, 23b. DATE THEREOF 3 11/67	23c NAME OF CEMETER Prince Geo ADDRESS in. Cheverly	rge!	EMATORY  S. Gen. Hosi 250: 1660 MARK DATE	23d. LOCATION Chever Profits 1967	(City or Town)	,	ty) (State)  Maryland	

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		0403	6		CERTI	FICATE	OF DEATH		n/	1035	
		PLACE OF DEATH	Georges		MA	RYLAND	2. USUAL RESIDENCE ( a. STATE  mary and		b. cour	NTY O TEOMACH	
		o. CITY OR TOWN (	If outside Orporate limit give nearest town)	is,	c. LENGTH OF STA	Y IN 1b	c. CITY OR OWN (If o	utside corparate	limits, write RUI	RAMand give dear	est tawn)
0	(	Huatteril		at in haspital, g	ive street address)		d. STREET ADDRESS	Zing			e. IS RESIDENCE ON A FARM?
			Nursing Hom	ne - 6500	Rig		14706 Neu	Hampshi	ie Ave.		YES NO
	9	NAME OF DECEASED Type or print)	Blanche	irst	Middle	De	Last	4. DATE OF DEATH	March	th Do	1967
		EMALE	6. COLOR OR RACE	7. MARRIED WIDOWED	NEVER MARR		1/20/1884	9.	AGE (In years last birthday)  83 yrs.	Manths Days	
	10o. duri		(Give kind af wark dane lite, even if retired)		ND OF BUSINESS OR DUSTRY	YE	11. BIRTHPLACE (County			12. CITIZEN COUNTRY	?
		FATHER'S NAME			*/ *		14. MOTHER'S MAIDEN		2	1	
	,	John Mi	urphy			648	Mary M	ooney			
	IS. (Ye	s, na, pronknawn)	R IN U.S. RMED FORCES? (If yes give war ar dates)	of service)	SOCIAL SECURITY NO.		hter-In-Lau	,	Addre 14706 Ne Silver S	ring , and	•
		PART I. DEA	EATH (Enter anly ane ca TH WAS CAUSED BY: IMMEDIATE CAUSE	7 Ves	(a), (b), and (c).)	ray (	arrest	+			NTERVAL BETWEEN INSET AND DEATH
		Conditions, if any	e couse (o),	(b) Rece	iring Co	reli	allase	acci	dents	n	reps
		stating the under	rlying couse	(1) Gene	whered	at	heroselo	wzis		(	Jens.
2	CATION	PART II. OTHER SI	GNIFICANT CONDITIONS (	CONTRIBUTING TO	O DEATH BUT NOT R	RELATED TO TI	HE TERMINAL DISEASE CO	NDITION GIVEN	IN PART 1(a)	19	WAS AUTOPSY PERFORMED? YES NO
	L CERTIFICATION		UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	SCRIBE HOW INJURY	OCCURRED. (	Enter nature of injury in	Part I ar Part I	I af item 1B.)		
	MEDICAL	20c. TIME OF INJU Haur a.n p.r		20d. IN While at wark	JURY OCCURRED  Nat While at work		E OF INJURY (Hame, far ry, street, affice bldg., etc		(City ar tawn)	(Caunty)	(State)
		21. I certif	fy that (I) (this has eceased alive on	pitol) attend	ed the decease	d from_Q , ond that	deoth occurred of	1967, to.	from couses	15, 19 <u>6</u> ? ond on the do	thot (傳 (we) los ote stated obave
		220. SIGNATURE	rea W.	Do	aker	M.D.	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	22b. DATE SIG	enel 67
1		22c. PHYSICIAN'S NAME (Type)	MAILOCD	W.J	PAPE	R	22d. ADDRESS 9// Silv	ER SPI	ine B		VER Spring
	230	BURIAL, CREMATIC	ON, 23b. DATE TH	1967	23c. NAME OF CE	METERY OR C	REMATORY ROMAN		TION (City or To		Rescelle
1	24	FUNERAL DIRECTO	HAMBER 1	Tax 5	ADDRESS	Se inst	MO MAR	D BY REGISTRAF	57 250	GISTRAR'S SIGNATI	URE

IO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physicion. VR A15 (4) 25M 1/67



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital or ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached far use as the buriol-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filled with the State Dept. at Health prior to buriol, cremotion, or removal, and in any event, with a 72 hours ofter death.

VR A15 (4) 20 M 1/66

#### MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	04037	CERTIFICATE OF DEATH	040	36
	1. PLACE OF DEATH a. COUNTY Prince Glea	a. STATE	CE (Where deceased lived, if institution: Residen b. COUNTY	-a.
	b. CITY OR TOWN (If autside carparate limits, write RUMAL and give nearest yown)	Mar	f autside carparate limits, write RURAL and give	12-2
12	d. NAME OF HOSPITAL OR INSTITUTION (If not in hasp	ital, give street address)  d. STREET ADDRESS,  335-80	Old Kind are	e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) Gabriel	- Delingeles Lost	4. DATE Manth OF DEATH MOREL	Day Year 16 1967
	S. SEX 65 COLOR OR RACE 7. MARF	NED DIVORCED DEPT 8	9. AGE (In years lost buthday) Manths Yrs.	Days Haurs Min.
	during mast of working life, even if retired)	11. BIRTHPLACE (CO. INDUSTRY  14. MOTHER'S MAID	ark City n. 4. "	TIZEN OF WHAT UNTRY? U.S.A
	13 FATHER'S NAME  Trancis De Cange  15. WAS DECEASED EVER IN U.S. ARMED FORCES?	les Mary 16. SOCIAL SECURITY NO. 17. INFORMANT	Desparta	
	(Yes, na, ar unknawn) ((If yes give war ar dates af Service)	110-07-25904 Marque	ute Muller, Lac	interval Between
	1B. CAUSE OF DEATH (Enter anly ane cause per lin PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  4500  Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause  DUE TO  DUE TO	Asenteric artery-	thromboses.	ONSET AND DEATH
2	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUT	ing to death but not related to the terminal disease	CONDITION GIVEN IN PART I(a)	19. WAS AUTOPSY PERFORMED? YES NO
	OR CONTRIBUTING CAUSE OF DEATH	b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury	in Part I ar Part II af item 1B.)	<u> </u>
	Haur a.m.	Od. INJURY OCCURRED While Not While at work factory, street, affice bldg.,		unty) (State)
5	21. I certify that (1) (this haspital) a saw the deceased alive on	trended the deceased from 19 5 and that death occurred	at 11:30 PM, fram causes and an t	
	220 SHONATURE	M.D. ATTENDING PHYS.	MED CTAFE	ATE SIGNED
1	NAME (Type) FRANK N	E AVER JR. LAC	23d_20CATION (City or Town)	(Caunty) (State)
P	230. BIJRIAL, CREMATION, 23b. DATE THEREOF 3-20-6	7 St Mary Cem	1 P A	d.
)	24. FUNERAL DIRECTOR Canal of	an Lamel med WAR	(V/T)	Judge

MARYLAND STATE DEPARTMENT OF HEALTH

	Division of STATISTICAL	I RESEARCH AND RECORDS, 30 Item #9 Film #G387	3/28/67 pc	, BALIIMURE, MARYLAI	ND 21201
	04038	CERTIFICATE	OF DEATH	0	4037
1.	PLACE OF DEATH			re deceosed lived, if institution	
	O. COUNTY PRINCE GEOI	REE MARYLAND	o. STATE	b. COUNTY	PRINCE GEORGE
-	b. CITY OR TOWN (If outside carparote limits,	C. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside	le corporate limits, write RURAL	
	write RURAL and give neorest tawn)	ham 2 ms	01		1/-1
-	A NAME OF HOSPITAL OR INSTITUTE OF THE		d. STREET ADDRESS	ERDALE	e. IS RESIDENCE
	d. NAME OF HOSPITAL OR INSTITUTION (If not in I	11		2 NO AVE	ON A FARM?
	MAGNOLIA GARDE				YES NO
3	NAME OF DECEASED (Type or print)	try DEGRAFFE	NRICO 4	OF DEATH Month	2ch 17 1967
S	SEX 6. COLOR OR RACE 7. A	MARRIED NEVER MARRIED	B. DATE OF BIRTH		FUNDER 1 YEAR IF UNDER 24 HRS.
1	FOMALE CAUC. W	IDOWED DIVORCED	3/25/188	9 lost hirthday) 1	Manths Doys Hours Min.
	lo. USUAL OCCUPATION (Give kind of work dane	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & S	tote, or foreign country)	12. CITIZEN OF WHAT
d	ring most of working life, even if retired)	AT HOME	11105hil	iatori D.C.	COUNTRY?//CA
	3. FATHER'S NAME	111 110112	14. MOTHER'S MAIDEN NAM	NE NE	01.003
	Achier Kains		Ton P	OME	
	S. WAS DECEMSED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.	INFORMANT	Address	
(	res, no, or unknown) (If yes give wor ar dotes of serv		GAYLEL	DASH, R.N.	
	1B. CAUSE OF DEATH (Enter only one couse pe	r line for (o), (b), and (c).)	216411.		INTERVAL BETWEEN ONSET AND DEATH
	PART 1. DEATH WAS CAUSED BY:	Hea	it facture	2	ONSET AND DEATH
	7824 DUE TO				
1	Canditions, if ony, which gove ) (b)				
1	rise to immediate cause (o), Stoting the underlying couse				
	last. (c)				
	PART II. OTHER SIGNIFICANT CONDITIONS CONTR	BUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDIT	TION GIVEN IN PART 1(a)	19. WAS AUTOPSY
NO.					PERFORMED?
CEDTIEICATION	20. ACCORDING WAS UNDERLYING TO	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Por	t Lor Port It of item 10 )	1 10 110
100	20o. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	209. DESCRIBE HOW INJURY OCCURRED.	(Elliel Holdle of Hilpry III For	r i oi roit ii oi iieiii ib.,	
		Loo hullipy occuping	CE OF WHARY (II	1 001 (Ch. as town)	(County) (Stote)
MEDICAL	2 20c. TiME OF INJURY Month, Doy, Yeor Haur o.m.		ACE OF INJURY (Home, form, tary, street, office bldg., etc.)	20f. (City or tawn)	(County) (Stote)
1	p.m. 17	ot work ot wark			
	21. I certify that (I) (this haspital	l) attended the deceased fram_	1/14 , 19	e7 to 3/17	_, 1967, that (I) (we) las
	saw the deceased alive of	3/17 1967, and the	at death accurred at	M, fram causes an	nd an the date stated above
	220. SIGNATURE	1.	ATTENDING ME		22b. DATE SIGNED
	and a	Ten YN Y M		RECTOR L PHYS. L	2/1/16/
	22c. PHYSICIAN'S NAME (Type) LEON LE	vitsky, M.D.	22d. ADDRESS MT	RAINIER, 1	M '
2	30. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR	CREMATORY	23d. LOCATION (City or Town	
_	CREMATION 3/20/6	7 WEES CAF	MATORY	WASHINGTON	
F	24. FUNERAL DIRECTOR	ADDRESS	2So. REC'D B	Y REGISTRAR 2Sb. REGIS	STRAR'S SIGNATURE
	LEK PUNERO	L Hone 300.	FU.Z AMDO		arles Judges
	1 4 4	11/1954	DC	6 1001 /	7.0

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion ond-completely filled in by the flagrand director, page 3 should be detached for use os the burial-transit permit. Then please/remove carbon papers. Pages/Y and 2 should be filled with the State Dept. of Health prior to burial, cremoting, or removal, and in any event, within 72 hours after death. VR A15 (4) 20 M 1/66

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs often

Poge 4 may be retained by the hospitol or attending physician.

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		A series	63
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4			1
	TO HOSPITAL OF STIENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 to be retained by the hospital or attending physician.	TO TUNERAL 1 CTOR: After this certificate has been signed by the attending physician and completely. In by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should	be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.
	TO HOSPITAL OF STIENDING PHYSICIAN: The law requires that death Page 4 to be retained by the hospital or attending physician.	ERAL 1 (CTOR: After this certificate hat page 3 should be detached for use as the land.)	with the State Dept. of Health prior to buris
	TO HOS	TO FUN	be filed

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH
04038

02003			UZUUU
1. PLACE OF DEATH		ICE (Where decessed lived, If	institution: Residence before edmission
PRINCE GEORGES MARYLAND	a. STATE MAR	YLAND b. cour	PRINCE GEORGES
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b			te RURAL end give neerest town)
write RURAL end give nearest town)			1/ /
CLINTON	CLINTON		16-1
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)	d. STREET ADDRESS		a. IS RESIDENCE
SOUTHERN MEDICAL CENTER, CLINTON, Md.	8728 SURRA	TTS ROAD	YES NO
3. NAME OF First Middle	Lest	4. DATE Mont	h Day Year
OECEASED (Type or print)  JANET ELIZABETH DI	IXON	DEATH MARCH	1 19 67
	. DATE OF BIRTH		IF UNDER 1 YEAR   IF UNDER 24 HRS
		last birthday)	
	FEBRUARY 14,		1 10 CITIZEN OF WILLIAM COUNTY
0a. USUAL OCCUPATION (Giva kind of work dona during most of working life, avan if retired)	Y 11. BIRTHPLACE (Cou	unty & State, or foreign country	12. CITIZEN OF WHAT COUNTRY
HOUSEWIFE	PENNSYLV	ANIA	USA
3. FATHER'S NAME	14. MOTHER'S MAIDEN	NAME	
TOUN M COV	CLARA M.	DIFHI	
JOHN M. COY  5. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. 1		Addres	s
(es, no, or unkown) (Ifyes give war or detes of service)			"
	ERYL M. DIXC	N SAME AS	
18. CAUSE OF DEATH [Entar only one ceuse per line for (e), (b), and (c).]	, , ,	0 -	ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Could Crufe Cause	sdeel pu	1- wary	1 non
4201 DUE TO M	0-0.6		
Conditions, if any, which \ (b) Carmary	veens	4	
geve rise to immediata cause			
(a), stating the underlying DUE TO			
ceuse lest. (c)		UNIAL DISCASS CONDITION OF	VENT IN BART 1/- 1/ 10 WAS AUTORS
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	DI RELATED TO THE TERM	INAL DISEASE CONDITION GI	PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO  20a. ACCIDENT WAS UNDERLYING  20b. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING  CAUSE OF DEATH OF THE REPORT OF THE			YES NO
208. ACCIDENT WAS UNDERLYING   206. DESCRIBE HOW INJURY OCCURED	). (Entar neture of injury l	n Pert I or Pert II of item 1B.)	
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			
20c. TIME OF INJURY Month, Dey, Yeer   20d. INJURY OCCURRED   20e. PLA	CE OF INJURY (Home, fe	rm, ' 20f. (City or town)	(County) (State)
Hour e.m. While Not While fact	tory, street, office bldg., et		
		1/2 7/1	
21. I certify that (I) (this hoppital) attended the deceased from.		1962 to Mark	
saw the deceased alive on 1951, and that	death occured at	M, from the causes	and on the date stated above
22e. SIGNATURE		/	22b. DATE
I dely les mi	ATTENDING PHYS.	MED. STAFF DIRECTOR PHYS.	SIGN
22c. PHYSICIANTS	22d. ADDRESS		
NAME (TYPE ENTAMIN ). PECSON	6106 0	LD SILVER ITI	LL 120 A N
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify)	OR CREMATORY	23d. LOCATION (City, to	own or county) (State)
BURIAL (Specify) MARCH 4, 1967 CEDAR HILL C	EMETERY	PRINCE GEORG	GES, MARYLAND
4 FUNERAL DIRECTOR'S SIGNATURE ROBERT E. ADDRESS MA	S c w drop w a chan	EC'D BY REGISTRAR 256. RE	
TITLETM FUNERAL HOME /308 SHITLAND RD. SH	TTLAND DATE	MAR 6 1967	Marley Judel

AND THE CAR BY COME TO SEE THE REAL PROPERTY OF SECURITIES AND ADDRESS OF SECURITIES.

AND THE STREET STREET, STREET,

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	1	DIVISION OF VITAL RECORDS, 301 W. PRES	TON SIKEET, BALTIMOKE, MAKILAND 21201	
FOR STATE		04040 MEDICAL EXAMINER'S	S CERTIFICATE OF DEATH 04039	
EALTH DEPT.	1.	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, if institution: Residen a. STATE b. COUNTY	ce befare admission)
\$ 5 m		Prince George's MARYLAND	Maryland Prince Ge	eorge Is
Po Po		o. CITY OR TOWN (If autside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corparate limits, write RURAL and give	e nearest tawn)
ny de , and PM3.		write RURAL and give nearest tawn)	IV	111
P P P P P P P P P P P P P P P P P P P	-	Riverdale DOA  1. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress)	Hyattsville d. STREET ADDRESS	e. IS RESIDENCE
S 1, orm	1			ON A FARM?
oth. If any deloy lages 1, 2, and 3 th form PM3. Po State Deportment		hamber's Funeral Home	7903 82nd, Avenue	YES NO
deoth. e Page with f	3.	NAME OF First Middle DECEASED	Last 4. DATE Month OF	Day Year
ve P g wi		Type or print) Durald F.	Dodd DEATH 3	7 19 67
4 hours after deoth. If a Titem 18. Give Pages 1, a Office along with form Hand 2 and the State Deter death.	5.	6. COLOR OR RACE 7. MARRIED 🔂 NEVER MARRIED 🗌	8. DATE OF BIRTH 9. AGE (In years IF UNDER lost birthday) Months	Days Hours Min.
2 0 - 4 ±		fale white WIDOWED DIVORCED	1-11-1922 45 yrs.	DOTS MINI.
ffic dec	100	LISTIAL OCCUPATION (Give kind of work done 10h KIND OF RUSINESS OR	11. 8IRTHPLACE (State or foreign country) 12. Cl	TIZEN OF WHAT
4E 8 4 5	dυ	ag most of working life, even if retired)  ALESMAN  GOETZ MEAT CO.	ALABAMA	UNTRY?
thin 24 incil in miner is pages urs off	13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Id be executed within 24 hours rd "pending" in pencil in Them 18 Chief Medical Exomirer's Office of tronsit permit. File pages Hand 24 event within 72 haurs ofter death		LEE F. DODD	MARY TINGLE	
with the Exore Exore File 7 har	15	WAS DECEASED EVED IN H.S. ADMED EDDOES 14 SOCIAL SECURITY NO. 17	7. INFORMANT Address	** ~
ecuted and a secuted where the second and a	(Y	s, no, or unknawn) (If yes give war or dates af service)	7. INFORMANT DNA FULLER DODD SAME A	5 7 2
e execution properties of the permits and permits permits and within the permits and the permi				•
ence F M		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
shauld be e ne word "per a the Chief I burial-tronsit		MMEDIATE CAUSE (a) Gun shot wound of	' head	
auld word the Ch ial-fra		9 / 6 A DUE TO		
sha th uric		Canditions, if any, which gave his to immediate cause (a).		
the the table to the table to the table to the table table to the table		stating the underlying cause DUE TO		
ficate shaul ing the wor rded ta the as a burial- ond in ony		lost. (c)		
	-	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	O THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
ote, writte forware forware be used emovol,	I S			YES NO X
EXAMINER: This certificate, writing 4 should be forwaryour files. Page 3 should be used cremotian, or removol,	CERTIFICATION	20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRE	ED. (Enter nature of injury in Part I or Part II of item 18.)	
Partition of the state of the s	ERI	PRIMARY TO CONTRIBUTING  CAUSE OF DEATH.  Shot colf thm:	11 11 20 0-1 181-	
EXAMINER: Thi cute the certificat age 4 should be ryour files. Page 3 should be cremotian, or ren		DIIOL SELL CILLUI	nouth with 30 Cal. rifle. PLACE OF INJURY (Hame, larm, 20f. (City or town) (Ca	unty) (State)
M the	MEDICAL	about our o.m. While Not While		,
XAM ge 4 your Page	1	1:00pm p.m. 3-7- 167 atwark atwark bed	room of home same as #2	
Por		21. 1 certify that I took charge of the remains described above,		and in my opinion
MEDICAL Blease exect director. Postained for DIRECTOR: to buriol, a		death resulted from: Natural couses , Accident , Si	vicide 🔀, Homicide 🔲, Undetermined manner 🗌	
MEDICA please e director retained DIRECT		ACTUAL A P A	CHIEF MEDICAL EXAMINER	22. DATE SIGNED
o le de la		SIGNATURE Jahn 1977	M.D. ASSISTANT MEDICAL EXAMINER	22. DATE STONED
EPUTY A		EXAMINER'S	DEPUTY MEDICAL EXAMINER	0 4 / =
necessory, please the funerol director 5 may be retained FOUNERAL DIRECTOR Health prior to but		NAME (Type) John Kehoe, M.D. Riverdale, M		3-8-67
o D D The Head	23	. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY C	Office Communication of the Co	(County) (State)
- 2	12	BREMOVAL SPECIAL / 11 MAR 1967 WINSTON N	VEW CEW. HALEYVILLE ALI	ABAMA
VR A15ME (5)	2	FUNERAL DIRECTOR	250 REC'D BY REGISTRAR 256 REGISTRAR'S S	SIGNATURE
6M 1/67		N.W. Chambers Go. Riverdale	Mod, MAR I O 1967 Stranks	Judge

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ALONG THE MEDICAL PROPERTY SAFETY Histon Coursels to the Coursels to the Coursels and the second s V. - spotti A LOUIS AND A LINE OF THE PARTY to the second second second second second 8. 7. 3. 475 -- 1-06 M words to be a second with the art of the - augusticate - a The same same and the same and in a little of the second of the land English to the second of the s

death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the context director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
04042

Them #9 Film #CERTIFICATE OF DEATH

		77	Trunud 1/20/0	1.14		1 2 / 3 1 1 /	4	
1. PLACE DF DEAT a. CDUNTY	Prince Ger	orges	MARYLANO	2. USUAL RESIDEN a. STATE	CE (Where deceased	b. CDUNTY		
b. CITY DR TDV write RURAI	VN (if outside corpora L and give nearest tow	_	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (I		Ilmits, write RUR	Georges AL and give nea	rest town)
			3 days	Во	wie		16-1	
d. NAME DF HD	SPITAL DR INSTITUTIO	N (if not in ho	3 days spital, give street address)	d. STREET ADDRESS			e. IS R	ESIDENCE A FARM?
Prince (	Georges Gene	eral Hos	pital	1270	2 Beaverd	ale Lane	YES	ND P
3. NAME DF DECEASED		rst	Middle	Last	4. DATE	Month	Day	Year
(Type or print)	Edna		₩.	Dunaway	DEATH	March	13 1	9 67
5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIEO	8. OATE OF BIRTH	9. AGE	(in years   IF UNO   Month:	ER 1 YEAR   FUNI	
Female	White	WIDOWED [	DIVORCED	27 Sept.,	1928 38 3	yrs.	S Cays Hou	S WIIII.
10a. USUAL OCCUPA during most of work	TIDN (Give kind of work king life, even if retire	done 10b. Kit	ND DF BUSINESS OR DUSTRY	11. BIRTHPLACE (C	County & State, or for	eign country)   12.	COUNTRY?	IAT
Housewif	Fe	-/	-	New York			U.S.A.	
13. FATHER'S NAM				14. MDTHER'S MAI				
George	A. White	ly		Jeanett	e Balian	nt		
15. WAS DECEASED	EVER IN U.S. ARMED FD	RCES? 16. S	SOCIAL SECURITY NO.   17.	INFORMANT		Address		
No	(11 yes give was of dates o		9-22-6198	Mr. Carl W.	Dunawa	y (above	addre	33)
		479	ne for (a), (b), and (c).]	,	(Husba	and)	INTERVAL I	BETWEEN
PART I. D	EATH WAS CAUSED BY IMMEDIATE CAUSE	(a) @ Pul	morary E	inboleton .	+ ful.	For clu	ONSE! AN	U UEAIN
163	DUE		aft down	Ceshe	,			
Conditions, If	any, which )	(b) D	Puluresare	Carrinor	ra Lt	· repper	lobe -	9 mos.
gave rise to cause (a), s		<del>-1</del> 0		c. Mea.	1+5000	1 12875	Propre	240
underlying cau		(c) ar ( )	resorrans	Lo mean	role 11	FIP	- Scale	6 MGS.
PART II. DTHER	SIGNIFICANTCONDITION	ONSCONTRIBUT	TING TO OEATH BUT NOT REL	ATED TO THE TERMINAL	DISEASE CONDITIO	GIVEN IN PART 1	(a) 19. WAS	AUTDPSY ORMED?
ICA I	Biles.	Pula	normy of	enner			YES X	
PART II. D THER  20a. ACCIDENT OR CONTRIBUT (IF EITHER, NO	WAS UNDERLYING DEAD CAUSE DE DEAD TIFY MEDICAL EXAMI	20b. DI	ESCRIBE HOW INJURY OCC	URRED. (Enter nature o	f Injury in Part 1 o	r Part II of Item	18.)	
	TIFY MEDICAL EXAMI	NER)						
	INJURY Month, Day,	Year   20d. IN		ACE OF INJURY (Home, fory, street, office bldg.,		or town) (C	County)	(State)
Hour a.	m. .m. 19	While at work	- Not while -	ory, street, onice bidg.,	stc.)			
			d the deceased from	MAV	966 to MA	PCH.13.19	17. that (1)	(we) last
	ceased alive pn			t death occurred at				
22a. SIGNATU	JRE 1	11/1	20		/	22b.	OATE SIGNED	
1	Wuman	UKE	Johner M.	D. PHYS.	MED. ST DIRECTOR PH	AFF   7	raich 14,	1967.
22c. PHYSICI	AN'S	-10		22d. AODRESS				20
	Norman K.	Bohrer	, M.D.	3231 Super	rior Lane,	Bowie, Mo	1.	
23a. BURIAL, CREI	MATIDN, 23b. DATE	THEREOF	23c. NAME OF CEMETER			N (City, town or		(State)
CHAMA	40n 3/16	467	Fort Linco			ar Manor		
24. TUNERAL DIR	ECTORNalley!	s Fune	ra ADORESSWIt . Ra	2 2440	C'D BY REGISTRAR	25b. REGISTRA	R'S SIGNATURE	
Home In			Marylan	d DATAK	17 1967	1	0	

VR AI5 (4) 20M 1/65 escription could be to be break the control of the 27 5025 , 1925 12 - Carried Barrier Briefing . A carried and the contract

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### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04043 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY Prince Georges Marvland Prince Georges MARYLAND CLENGTH OF STAY IN 1h c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town)
Cheverly Seat Pleasant 1 hr.15 mins d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d STREET ADDRESS e. IS RESIDENCE ON A FARM? Prince Georges General Hospital 7809 Giddings Dr. YES NO X 3. NAME OF 4. DATE First Middle Month Year Last DECEASED Elsie C. Duran March 28, 167 (Type or print) DEATH S SEX 7. MARRIED XX AGE (In veors IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 8. DATE OF BIRTH **NEVER MARRIED** lost birthdoy) Months Hours White Female XXIVXX 7/12/18 WIDOWED DIVORCED 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life; even if retired) INDUSTRY MARYLAND USA 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME WALTER B. TIPPETT MAUDE A. CUMES 17. INFORMANT Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, po, or unknown) (If yes give wor or dotes of service PETER DURAN SAME AS CAUSE OF DEATH (Enter only one cause per line for (4) (b), and (ct.)
PART 1. DEATH WAS CAUSED BY: NTERVAL BETWEEN ONSET AND DEATH boxelropheumonia IMMEDIATE CAUSE (o) DUF TO Conditions, if ony, which gove (b) rise to immediate couse (o), DUE TO stoting the underlying couse PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPSY PERFORMED? YES KK NO 20o. ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dov. Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. Not While foctory, street, office bldg., etc.) at work 196 21. I certify that (1) (this haspital) attended the deceased from saw the deceased alive an much 11 196. 7. and that death accurred at M, fram causes and an the date stated above. 22o. SIGNATURE ATTENDING DIRECTOR

crematian, ourial-transit þ burial peen the r to priar t g has Health certificate haspital af be retained by DIRECTOR: filed be filed FUNERAL directar, shauld b 10 VR A15 (4) 25M 1/67

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after

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physician ( and

NAME (Type)

23o. BURIAL, CREMATION,

REMOVAIT (Specify)

FT. LINCOLN CEMETERY 24. FUNERAL DIRECTOR ROBERT E. WILHELM FUNERAL HOME

23b. DATE THEREOF

4308 SUITLAND ROAD, SUITLAND, MARYLAND

PRINCE GEORGES, MARYLAND

23d. LOCATION (City or Town)

22d. ADDRESS

23c. NAME OF CEMETERY OR CREMATORY

# FOR STATE

uny deloy is

PM3. Page

in pencil in Item 18. Give Poges 1, 2, and 3 to

#### TIMODE MADVIAND 21201

		- MADVIAND	o. STATE	(Where deceased lived, if institution b. COL	INTY		1)	
	rince George! (If outside corporate limits,	S MARYLAND  c. LENGTH OF STAY IN 16	Maryland	outside corporate limits, write RU	Ince Ge	eorge's		
write RURAL on	nd give neorest town)	C. LENGTH OF STAT IN 18			MAL ONG GIVE	neolesi lowiij		
Rivero		DOA	Colmar	lanor		16'1		
	Memorial Host	n hospitol, give street oddress)	d. STREET ADDRESS	Place		e. IS RESIDE ON A FAR YES N	RM?	
. NAME OF	First	Middle	Lost	4. DATE Mor	nth	Day Year		
(Type or print)	Norma	n	Edwards	OF DEATH 3	2	7 19	67	
. SEX		. MARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	IF UNDER 1		24 HRS	
-		WIDOWED DIVORCED	20 - 20	lost birthdoy)	Months	Days Haurs	Min.	
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wing most of working	life, even if retired)	NDUSTRY Express Co		0 17	GQUI	NIRY?		
	ver	Express Co		ginia		SA		
3. FATHER'S NAME Nor	rman L. Edwar	ds	14. MOTHER'S MAIDEN	y V Nevitt				
S. WAS DECEASED EV	ER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.	INFORMANT	Add				
Yes, na, or unknown)	(If yes give wor or dates of s	ervice) 220 34 4673 Li	nda D Edwar	ds Hiller	rest he	eights, F	Md.	
	1	per line for (a), (b), and (c).)				INTERVAL BETW	/FFN	
	ATH WAS CALISED BY-					ONSET AND DE		
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1 221								
823	DUE TO	Fracture of skull						
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2So. REC'D BY REGISTRAR

DATE MAR 28

REGISTRAR'S SIGNATURI

2Sb.

Hyattsville, Md.

VR A15ME (5) 6M 1/67

24. FUNERAL DIRECTOR

Gasch's Sons

5 may be retained far your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages land 2 with the State Department of

Health prior to burial, cremation, ar removal, and in any event within 72 hours ofter d

necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Poges 1, 2 the funeral directar. Page 4 should be farworded to the Chief Medical Examiner's Office along with form

This certificate shauld be executed within 24 haurs after death. If

TO DEPUTY MEDICAL EXAMINER:

TIS-22-5T

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## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

(	04046			CERTIFICA	TE OF	DEATH			040	45		
	ACE OF DEATH COUNTY					UAL RESIDENCE (V	Vhere deceased li			e befare	admissian)	
a.	Pr	inceGeorge	es	MARYLAND	a.	Mary 1	and	b. COUN	ince (	Georg	es	
b.	b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 1b				c. CIT	Y OR TOWN (If au	tside carparate lis	nits, write RUF	RAL and give	nearest	awn)	
	write RURAL and give nearest tawn)  Cheverly 1 day					Hyattsville /6-/						
d.		OR INSTITUTION (If na	t in haspital,		d. STI	REET ADDRESS				e.	IS RESIDENCE	E
	PrinceGeo	rges Gene	ral Ho	spital		8316	Verona	Drive		YE	ON A FARM	A
3. NA	ME OF	Fire		Middle		Last	4. DATE	Mant	h	Day	Year	
	CEASED pe ar print)	Louis		Н	Eng	lish	OF DEATH	Ма	rch	16	19 67	,
S. SEX	6.	COLOR OR RACE	7. MARRIED	NEVER MARRIED		OF BIRTH		E (In years	IF UNDER 1		F UNDER 24	
Ma	le Wh	ite	WIDOWED		1.3	0ch. 1		st birthday) <b>R</b> yrs.	Manths	Days	Haurs N	∕lin.
10a. U	SUAL OCCUPATION (G	ive kind af wark dane		KIND OF BUSINESS OR		RTHPLACE (County		<u> </u>	12. CIT	IZEN OF V	VHAT	
	mast of working life, ndustrial		U.	S. Govt.	L				(00	INTRY .	S. A.	
13. F.	ATHER'S NAME	орсся			14. N	OTHER'S MAIDEN N	IAME					
Ge	orge L. H	Ingl <b>ish</b> e				Caffie L	Napper					
15. V	AS DECEASED EVER IN	U.S. ARMED FORCES?		. SOCIAL SECURITY NO. 17	INFORM			Addre	SS			
Yes,	na, arunknawn) (if	yes give war ar dates al	service)	Jnk. H	lelen	J. Engl:	ish	Same	as #	2	( Wife	e
si k	anditians, if any, whose ta immediate cotoring the underlyings.	ause (a), DUE	(0) = 2	cronary t	no	nbosio	early	dese.	æel	1-	9 Lq AS AUTOPSY	^
CATION	Da. ACCIDENT WAS UN			TO DEATH BUT NOT RELATED TO						P	ERFOR MED?	
CER (	R CONTRIBUTING THE FEITHER, NOTIFY MEI	CAUSE OF DEATH						,				
MEDICAL	Oc. TIME OF INJURY Haur a.m. p.m.	19	While at wa	e Nat While at wark	actary, stre	IJURY (Hame, farm et, affice bldg., etc.)		ry ar town)	(Cau	nty)	(Stat	e)
	saw the dece	that (I) (this haspased alive an M	oital) atter arch 1	nded the deceased fram 19 <b>67</b> , and t	Marc nat deat	h 14 1	9 67 ta M 47 AM, fr	arch 1	6_, 19_6 and an th	<b>7</b> , thate date	(I) (we) stated al	las oave
		used	He	alsli	M.D. PH	rs.	MED. DIRECTOR	STAFF PHYS.	22b. DA	TE SIGNED	16	
	22c. PHYSICIAN'S NAME (Type)	Bernard J	. Wals	sh, M.D.		d. ADDRESS BOO Eye S	St.,N.W.	Washin	gton,	D.C	•	
23a.	BURIAL, CREMATION,	23b. DATE THE	REOF	23c. NAME OF CEMETERY O	R- <del>GREMAT</del>	YAC	23d. LOCATIO	ON (City or To	wn)	(County)	(State	)
Bur	REMOVAL (Specify)	3/19/	67	Harmony Char	el C	emetery	Bubach	1			La.	
	FUNERAL DIRECTOR			ADDRESS		2Sa. REC'D	BY REGISTRAR		GISTRAR'S SI			
F.	Gasch 'S	Sons H	yatts	ville, Md.		MAR .	1 7 1967	och	arles	Jud	el.	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral—directar, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages I and should be filed with the State Dept. at Health priar ta burial, crematian, ar remaval, and in any event within 72 haurs after death TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician. Wfg VR A15 (4)

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	MARKET THE LOSS	SV province	3/21/6 3/19/67

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

04047

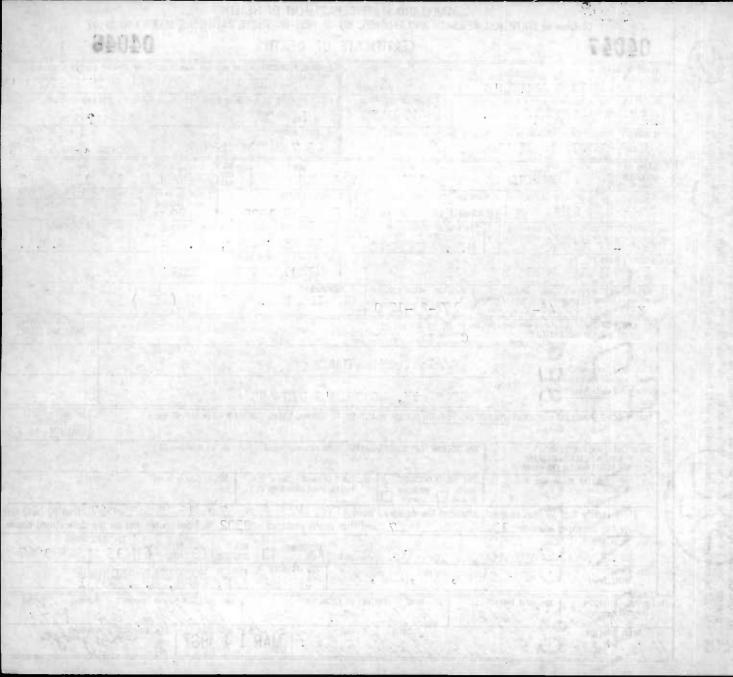
#### CERTIFICATE OF DEATH

04046

	PLACE OF DEATH a. COUNTY					2. USUAL RESIDENCE (V a. STATE MARY		osed lived, if instituti b. COUN	TV			n) RGE <sup>1</sup> S	
		RINCE GEORGE'S			YLAND			the transfer of the purpose				ium's	
	<ul> <li>b. CITY OR TOWN ( write RURAL and</li> </ul>	If autside carparate limits, d give nearest tawn)		c. LENGTH OF STAY		c. CITY OR TOWN (If ou	tside carpo	prote limits, write KUK	AL and give	nearest	tawn)		
I	ANDREWS A	IR FORCE BASE		56 DA	YS	CLINTON				16	-/		
		AL OR INSTITUTION (If not in h		e street address)		d. STREET ADDRESS				6	ON A FA		
	USAF HOS	SPITAL ANDREWS				8307 RANN	ER D	RIVE				NO 🖪	
	NAME OF	First		Middle		Last	4. DATE	Mant	h	Day	Yeo		
	DECEASED (Type ar print)	HAROLD		JAY	ESH	LEMAN	OF DEAT	H MARCH		13	19	67	
S.	SEX	6. COLOR OR RACE 7. N	ARRIED D	NEVER MARRIE	0   0	. DATE OF BIRTH		9. AGE (In years	IF UNDER 1		IF UNDER		
	MALE	CAU · w	DOWED [	DIVORCE		2 MARCH 192	8	last birthday) 39 yrs.	Manths	Days	Haurs	Min.	
10o	. USUAL OCCUPATION	(Give kind af wark dane		OF BUSINESS OR		11. BIRTHPLACE (County	_			IZEN OF	WHAT		
duri	ing most of working MSGT - E	life, even if retired)	U.S.	STRY A IRFORC	Tr.	ELIZABETHT			COL	UNTRY?	U.S	Α.	
	FATHER'S NAME	TITOTED	0.0	AINTORO	P)	14. MOTHER'S MAIDEN N					0 40		
, 0.		JAM ESHLEMAN				VIRGIE ES		RISSER					
15		R IN U.S. ARMED FORCES?	16 50	CIAL SECURITY NO.	17 1	NFORMANT		Addre	SS CA	ME	AS #	2	
(Ye	s, no, ar unknown) YES	(If yes give war ar dates of serv SEP 46-PRESEN		07-20-179	0.17		ESHL		() SA	run A	10 #	~	
1B. CAUSE OF DEATH (Enter anly one cause per line for (o), (b), and (c).)											INTERVAL BETWEEN ONSET AND DEATH		
	PART I. DEA	TH WAS CAUSED BY:  IMMEDIATE CAUSE (a)	CAF	EDIAC FAI	LURE		-0.1			UNS	ET AND D	CAIR	
	2017	DUE TO	DEC	ID TO A MARK	TA TY	X \$17.0 979							
	Conditions, if ony		RES	PIRATORY	FAIL	URE							
	rise to immediat stoting the unde	e cause (a), ( Dur To	1115				-28						
3	last.	(c)	STA	GE IV, H	ODGKI	N'S DISEASE							
-	PART II. OTHER SI	GNIFICANT CONDITIONS CONTRI	BUTING TO	DEATH BUT NOT RE	LATED TO 1	HE TERMINAL DISEASE CON	IDITION G	IVEN IN PART 1(a)		19.	WAS AUTO	PSY	
TIO										YE	PERFORMI	NO T	
FICA	20a. ACCIDENT WA	S UNDERLYING 🗆	20b. DESC	RIBE HOW INJURY C	CCURRED.	Enter nature of injury in I	Part I or F	Part II of item 1B.)			- (4)		
CERTIFICATION	OR CONTRIBUTING	CAUSE OF DEATH MEDICAL EXAMINER)	200.000										
MEDICAL		JRY Manth, Day, Year	20d INI	JRY OCCURRED	20e PLAC	E OF INJURY (Home, farm	. 20f.	(City ar town)	(Cou	inty)	(	Stote)	
AED!	Hour a.	n. 19	While ,	Nat While		rry, street, office bldg., etc.)		(0.0)		"	1510		
	p.i	fy that (4) (this hospital	at wark	at wark	f	26 TAN 1	0 67	12 MADO	106	7 44	-+ (I) (I	(XX) 1-0	
		eceased alive on 💫			and that	death accurred at	0302	M from couses	and on th	e date	ui (i) (i	wej ias	
	22a. SIGNATURE	eceased drive on	MARCH 19 67, and that death accurred at 0.302 M, fram causes and an the date stated above.										
	22u. Jigharjoka	la er chos	2 2	2000	I.M.S. Ele	ATTENDING D	MED. DIRECTOR	STAFF E			CH 19	67	
,	22c. PHYSICIAN'S	EDEDEDION OF	- >			22d. ADDRESS	TICAR	UNCDITAL	ARMOT	TATO			
	NAME (Type		AURO,	JAPT, USAF	, MC	ANDREWS	AFB.	WASH . D.	20	331			
230	BURIAL CREMATI	ON, 236. DATE THEREOF	1	23c. NAME OF CEM	ETERY OR	REMATORY	23d.	LOCATION (City or Tox	vn)	(County)	(S	ote)	
	REMOVAL (Special	76 3/16/	67	ARLIN	16.11	N NATO	1	TRUING	TON	/	VA	-1	
24	. FUNERAL DIRECTO	OR .		ADDRESS	1179	250, REC'D	BY REGIS	STRAR 2Share	GISTRAR'S SI	GNATUR	Elas		
1	11.11.14		1110	-5/100	il h	MAR	14	1967	iones	1 Ju	-		

completely filled in by the funeral— lave carban papers. Pages 1 and 2 v event, within 72 haurs after deave. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and a director, page 3 shauld be detached far use as the burial-transit permit. Then please rental shauld be filed with the State Dept. af Health prior to burial, crematian, ar remaval, and in any Page 4 may be retained by the haspital or attending physician.

VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

04048	CERTIFICATE	OF DEATH	04047
1. PLACE OF DEATH  o. COUNTY Prince George	S MARYLAND	2. USUAL RESIDENCE (Where deceose o. STATE  Maryland	ed lived, if institution: Residence before odmission) b. COUNTY  Prince George's
b. CITY OR TOWN (If outside corporate li write RURAL and give nearest town) Cheverly	mits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corpora	te limits, write KUKAL ond give neorest fown)
d. NAME OF HOSPITAL OR INSTITUTION (I	f not in hospital, give street oddress)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
3. NAME OF DECEASED	s General Hospital First Middle RIE	lost A. DATE OF	Month Doy Year
S. SEX 6. COLOR OR RACE	7. MARRIED NEVER MARRIED E		AGE (In yeors   FUNDER   YEAR   IF UNDER 24 HRS lost birthday)   Months   Doys   Hours   Min.
Female Cauc.  10o. USUAL OCCUPATION (Give kind of work do during most of working life, even if retired)		11. BIRTHPLACE (County & Stote, or the	eign country)  12. CITIZEN OF WHAT COUNTRY2
13. FATHER'S NAME I'LL (QL)	u Olin Layton	14. MOTHER'S MAIDEN NAME S	(ahil)
15. WAS DECEASED EVER IN U.S. ARMED FORCE (Yes, no, or unknown) (If yes give wor or dot	ES? Tes of service)  16. SOCIAL SECURITY NO. 17. II	MES R. EWELL.	Same A 8 #2
1B. CAUSE OF DEATH (Enter only one PART 1. DEATH WAS CAUSED BY:  1930  Conditions, if ony, which gove rise to immediate couse (o),	casa satan	1 failure 1 edema	interval between onset and death  2 daep
stoting the underlying couse last.	oue to glioma	of boain	Imark
PART II. OTHER SIGNIFICANT CONDITION  OF CAST  200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH  OR CONTRIBUTING CAUSE OF DEATH  OF CHILDER MOTIVE MEDICAL EVALUATIONS  OF CHILDRED MOTIVE MEDICAL EVALUATIONS  OF CHILDRED MOTIVE MEDICAL EVALU		contrago	YES - NO
200. ACCIDENT WAS UNDERLYING OF OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injufy≥in Port I or Por	t II of item 1B.)
20c. TIME OF INJURY Month, Doy, Year Hour o.m.		E OF INJURY (Hame, farm, ary, street, office bldg., etc.)	(City or tawn) (County) (Stote)
21. I certify that (1) (this to saw the deceased alive an	naspital) attended the deceased fram		a
22c. PHYSICIAN'S	Ren Jakoby Mo	ATTENDING MED. DIRECTOR  22d. ADDRESS	STAFF 22b. DATE SIGNED  PHYS.   Max 6 - 47
NAME (Type) Kut	n Kerr Jakuly	164016	and-ner Kt
230. BURIAL, CREMATION, 23b. DATE  REMOVAL (Specify) 9 MMA  24. FUNERAL, DIRECTOR	THEREOF 23C. NAME OF CEMETERY OR CEDAR HI		CATION (City or Town) (County) (Stote)  THAND, MARY LAND  AR 25b, REGISTRAR'S SIGNATURE
IN W. CHAMBERS	Co. RIVERDALE M	D. DATE 8	967 Charles Jusque

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death

Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 25M 1/67

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

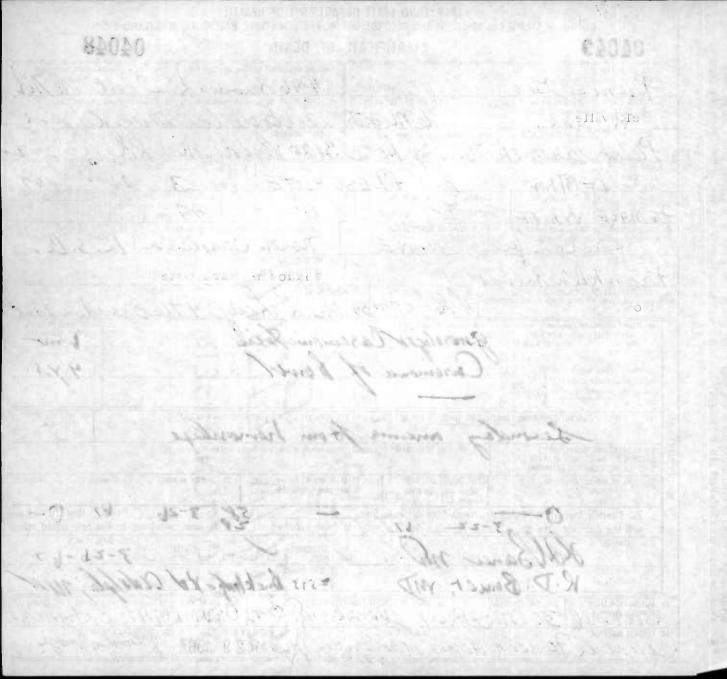
04040

CERTIFICATE OF DEATH

04048

020	73	CERTIFICATE	OI DEATH		04040
1. PLACE OF DEA	ГН		2. USUAL RESIDENCE (When	re deceosed lived, in institution	on: Residence before odmission)
Trus	ree Seo	MARYLAND	4716 Bra	ndon Lane	belt but Ma
b. CITY OR TOW	/N (If outside corporate limits,	c. LENGTH OF STAY IN 16	c. CITY OF TOWN (If outside	e corporote limits, write RUR	AL and give neorest town)
11	ond give neorest town)	6 Moanth	Butov	ule Mi	uchand
d. NAME OF HO	SPITAL OR INSTITUTION (If not in	hospitol, give street oddress)	d. STREET ADDRESS	1 2 * 2	e. IS RESIDENCE ON A FARM?
fain	1 Shanch	Mursing Home?	3120 You	der mell	YES NO
3. NAME OF	D First	Middle 1:	Lost 4.	DATE Month	Day Year
DECEASED (Type or print)	DERILA	B. TLES	CHUTE	DEATH	26 1967
S. SEX	6. COLOR OR RACE 7.		B. DATE OF BIRTH	9. AGE (In yeors last birthdoy)	Months Days Hours Min
TEMAL	G YINIE	WIDOWED DIVORCED	6-18-87	79 yrs.	
	TION (Give kind of work done king life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & St	ote, or foreign country)	12. CITIZEN OF WHAT
1/2	use wife	NONE	Harin (	arolena	16.5.00.
13. FATHER'S NAM	10,000		14. MOTHER'S MAIDEN NAM		
Trans	-Klew Rables	sell.	######################################	Sara Estes	
<ol> <li>WAS DECEASED (Yes, no or unknown)</li> </ol>	DEVER IN U.S. ARMED FORCES? wn) (If yes give wor or dotes of se	min V 1 . 1 /	INFORMANT PP	Addre	0 1 0
INO		446 -07-1939	Mrs. K. de	up 4716	Drandon Lan
	F DEATH (Enter only one cause p DEATH WAS CAUSED BY:	N	d.		INTERVAL BETWEEN ONSET AND DEATH
15	39 IMMEDIATE CAUSE (o)	generalized Casi	enoma you		6 mor
C	DUE TO		18.11		11 11
	ony, which gove (b)		power		7 1/2.
stoting the u	nderlying couse DUE 10				
last.	) (c)		THE TERMINAL DISEASE CONDIT	ION COUTH IN PART 1(-)	19. WAS AUTOPSY
PARI II. OIHE		TRIBUTING TO DEATH BUT NOT RELATED TO 1	1.	ION GIVEN IN EART 1(0)	PERFORMED?
20o. ACCIDENT OR CONTRIBU	Sernal		som hen	romage	YES NO
OR CONTRIBU	WAS UNDERLYING  TING CAUSE OF DEATH	DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in Port	T or Port II gr Ifem 18.)	
(IF EITHER, NO	TIFY MEDICAL EXAMINER)	20d. INJURY OCCURRED 20e. PLAI	CE OF INJURY (Home, form,	20f. (City or town)	(County) (Stote)
	INJURY Month, Day, Year o.m.	While Not While foct	ory, street, office bldg., etc.)	201. (City of fown)	(County) (Store)
	p.m. 19	otwork U otwork U	106	10 1. 2-21	1067 that [6](wa)
		ral) attended the deceosed from	t death occurred at	to 3-26	, 19 <mark>67</mark> , that (1)( <del>we)</del> ond on the date stated abo
220. SIGNAT	e deceased days on	(7) Ond mo	/ dcom dccorred 01_	E IM, HOM COOSES	22b. DATE SIGNED
120. 5101011	1CAU/Sa	mes mes/. M.	D. PHYS. DIR	D. STAFF RECTOR PHYS.	3-26-67
22c. PHYSICI		The same of the sa	22d. ADDRESS	110	.110
NAME (	iype) K.D. Si	nuct MD	2513 Duck	weeks. a	Helphi MIN
230. BURIAL, CREA	MATION, 23b. DATE THERE	OF 23c. NAME OF CEMETERY OR		230. LOCATION (City or Tov	vn) (County) (Stote)
REMOVALISP	edly 30 m	LOY/967 VRUM	Right, CEM.	PRUMKI9H	H, OKLAHOM
24. FUNERAL DIR	ECTOR	ADDRESS O	2So. REC'D BY		GISTRAR'S SIGNATURE
Kura	eli Tunees	1 190 nul 1400 Da	CHE MANIMAR	29 1967 1	Lank Sarran

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove caban papers. Pages Pond 2 shauld be filed with the State Dept. at Health priar ta burial, crematian, or remaval, and in any event, within 72 haurs after death. **0 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs aft*g* Page 4 may be retained by the haspital ar attending physician. VR A15 (4) 20 M 1/66



	04050		CERTIFICATE	OF DEATH	- 14	049	
l. PL	ACE OF DEATH			2. USUAL RESIDENCE (W	Vhere deceosed lived, if institution: Ri	esidence before odmission)	
PF	RINCE GE	ORGE'S	MARYLAND			RINCE GEORGE	
b.	CITY OR TOWN (If	outside corporote limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If out	tside corporate limits, write RURAL on	d give neorest town)	
AN	VDREWS A	IR FORCE E	BASE 1 DAY	DISTRIC	T HEIGHTS	16-1	
		OR INSTITUTION (If not in h		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?	
US	S AIR FO	RCE HOSPIT	AL ANDREWS	5821 MARL	BORO RD. APT 3	NO YES NO S	
	AME OF	First	Middle	Lost	4. DATE Month	Doy Year	
(T	YPE or print)	JOHN	ANTHONY	GALLICE	OF MARC		
S. SE			THE REAL PROPERTY OF THE PARTY	B. DATE OF BIRTH	lost hirthdox) Mor	NDER 1 YEAR   IF UNDER 24 HRS	
MA	ALE C	AUCASIAN w	IDOWED DIVORCED 1	4 MARCH 1	967   Yrs.	1	
loo. U	USUAL OCCUPATION (	Give kind of work done e, even if retired NA	10b. KIND OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY?	
		NA	NA NA		EORGE'S, MD.	COUNTRY? USA	
	FATHER'S NAME		f - 1	14. MOTHER'S MAIDEN N			
		PH GALLICE		ANNA MA	E HORWAT		
IS. \	WAS DECEASED EVER	N U.S. ARMED FORCES? If yes give wor or dotes of serv	icel	NFORMANT	Address		
	00	NA_	NA	FATHER	SAME AS I	TEM #2	
	IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)  PART I. DEATH WAS CAUSED BY:						
	PAKI I. DEAIN	IMMEDIATE CAUSE (o)	PULMONARY EDEM	A		ONSEL AND DEATH	
	1545	DUE TO					
	15 45 Conditions, if ony, v rise to immediate	which gove (b) _	CONGESTIVE HEA	RT FAILUR	E	1 DAY	
S	rise to immediate stating the underly	which gove (b) couse (o), ring couse					
3	rise to immediate stating the underly last.	vhich gove couse (o), ding couse (c) _ (c) _	CONGENITAL HEA	RT DISEAS	E	1 DAY	
1 S	rise to immediate stating the underly last.	vhich gove couse (o), ding couse (c) _ (c) _		RT DISEAS	E	1 DAY  19. WAS AUTOPSY PERFORMED?	
1 S	rise to immediate stating the underly last. PART II. OTHER SIG	which gove couse (o), ing couse (o).  (c)	CONGENITAL HEA	ART DISEAS THE TERMINAL DISEASE CON	E IDITION GIVEN IN PART 1(0)	1 DAY	
ERTIFICATION	rise to immediate stating the underly last.  PART II. OTHER SIGNATION OF CONTRIBUTING CONTRIBUTI	which gove couse (o), ing couse (o).  IFICANT CONDITIONS CONTRIBUTED CONTRIBUT	CONGENITAL HEA	ART DISEAS THE TERMINAL DISEASE CON	E IDITION GIVEN IN PART 1(0)	1 DAY  19. WAS AUTOPSY PERFORMED?	
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CERTIFICATION	rise to immediate stating the underly last.  PART II. OTHER SIG1  200. ACCIDENT WAS LOOK CONTRIBUTING EQUIF EITHER, NOTHEY MOUT O.T.	which gove couse (o), and couse (o).  In couse (o), and couse (o).  Wifficant conditions control  Underlying  I cause of death educate control  Y Month, Day, Yeor	CONGENITAL HEA  BUTING TO DEATH BUT NOT RELATED TO 1  205. DESCRIBE HOW INJURY OCCURRED. 1  206. INJURY OCCURRED 206. PLAN  604.	ART DISEAS THE TERMINAL DISEASE CON	E IDITION GIVEN IN PART 1(o)  Port 1 or Port II of item 1B.)  1, 20f. (City or town)	1 DAY  19. WAS AUTOPSY PERFORMED?	
IL CERTIFICATION	rise to immediate stating the underly last.  PART II. OTHER SIGI  200. ACCIDENT WAS I OR CONTRIBUTING E (IF EITHER, NOTIFY M Hour o.m.	which gove couse (o), and couse (o).  INDERLYING CONTRI  UNDERLYING CONTRI  CO	CONGENITAL HEA  BUTING TO DEATH BUT NOT RELATED TO 1  205. DESCRIBE HOW INJURY OCCURRED. 1  206. INJURY OCCURRED While of Work of Work of Work of Work	HE TERMINAL DISEASE CON (Enter noture of injury in I CE OF INJURY (Home, form ory, street, office bldg., etc.)	E IDITION GIVEN IN PART 1(o) Port 1 or Port II of item 1B.)  1, 20f. (City or town)	19. WAS AUTOPSY PERFORMED? YES 3 NO (County) (Stote)	
CERTIFICATION	rise to immediate stating the underly last.  PART II. OTHER SIGI  200. ACCIDENT WAS I OR CONTRIBUTING E (IF EITHER, NOTIFY M Hour o.m. p.m.  21. L certify	which gove couse (o), and couse (o).  INDERLYING CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS OF DEATH	CONGENITAL HEA  BUTING TO DEATH BUT NOT RELATED TO 1  205. DESCRIBE HOW INJURY OCCURRED.  20d. INJURY OCCURRED While of Work Of Work Of Work  Other of Work	THE TERMINAL DISEASE CON (Enter noture of injury in I	E IDITION GIVEN IN PART 1(o)  Port 1 or Port II of item 1B.)  1, 20f. (City or town)  9 6 7 , tal 6 March,	1 DAY 19. WAS AUTOPSY PERFORMED? YES 3 NO (County) (Stote)	
MEDICAL CERTIFICATION	rise to immediate stating the underly last.  PART II. OTHER SIG1  200. ACCIDENT WAS LOW CONTRIBUTING ENTER OF INJUR OF INJUR Hour o.m. p.m.  21. I certify saw the delayed to the state of the saw the delayed to the saw the delayed to the saw the delayed to the state of the saw the delayed to the saw th	which gove couse (o), and couse (o).  INDERLYING CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS OF DEATH	CONGENITAL HEA  BUTING TO DEATH BUT NOT RELATED TO 1  205. DESCRIBE HOW INJURY OCCURRED. 1  206. INJURY OCCURRED While of Work of Work of Work of Work	HE TERMINAL DISEASE CON (Enter noture of injury in 1) (E OF INJURY (Home, formory, street, office bldg., etc.)  4 March, 1 t death accurred at	E IDITION GIVEN IN PART 1(o)  Port I or Port II of item IB.)  1, 20f. (City or town)  9.67, tal.6 March, 510AM, fram causes and	1 DAY 19. WAS AUTOPSY PERFORMED? YES 3 NO (County) (Stote)	
MEDICAL CERTIFICATION	rise to immediate stating the underly last.  PART II. OTHER SIGI  200. ACCIDENT WAS I OR CONTRIBUTING E (IF EITHER, NOTIFY M Hour o.m. p.m.  21. L certify	which gove couse (o), and couse (o).  INDERLYING CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS OF DEATH	CONGENITAL HEA  BUTING TO DEATH BUT NOT RELATED TO 1  205. DESCRIBE HOW INJURY OCCURRED.  20d. INJURY OCCURRED While of Work Of Work Of Work  Other of Work	THE TERMINAL DISEASE CON  (Enter noture of injury in 1)  E OF INJURY (Home, formory, street, office bldg., etc.)  4 March, 1  t death accurred at	E IDITION GIVEN IN PART 1(o)  Port I or Port II of item IB.)  1, 20f. (City or town)  9.67, tal.6 March, 510AM, fram causes and	1 DAY  19. WAS AUTOPSY PERFORMED? YES 3. NO (County)  (County)  (Stote)  1967, that (X) (we) to an the date stated above	
MEDICAL CERTIFICATION	rise to immediate stating the underly last.  PART II. OTHER SIG1  200. ACCIDENT WAS OR CONTRIBUTING E (IF EITHER, NOTIFY MOUT o.m., p.m.  21. I certify saw the delage.	which gove couse (o), fing couse (c).  AIFICANT CONDITIONS CONTRI  INDERLYING COUSE OF DEATH EDICAL EXAMINER)  Y Month, Day, Yeor  19  That 10 (this haspital eased alive on 16	CONGENITAL HEA BUTING TO DEATH BUT NOT RELATED TO TO  205. DESCRIBE HOW INJURY OCCURRED.  206. INJURY OCCURRED while of work o	THE TERMINAL DISEASE CON  (Enter noture of injury in 1)  TE OF INJURY (Home, formory, street, office bldg., etc.)  4 March, 1  t death accurred at	E  IDITION GIVEN IN PART 1(o)  Port I or Port II of item IB.)  1, 20f. (City or town)  9.6.7, tal.6 March, 510AM, fram causes and  MED. STAFF DIRECTOR STAFF PHYS. 22	1 DAY  19. WAS AUTOPSY PERFORMED? YES 3. NO (County) (Stote)  (County) (Stote)  19.6.7, that (**) (we) to an the date stated above 2b. DATE SIGNED	
MEDICAL CERTIFICATION	rise to immediate stating the underly last.  PART II. OTHER SIGN  200. ACCIDENT WAS LOOK CONTRIBUTING E. (IF EITHER, NOTIFY M. 200. THE OF INJUR HOUR o.m. p.m.  21. I certify saw the delage.	which gove couse (o), fing couse (c).  AIFICANT CONDITIONS CONTRI  INDERLYING  I CAUSE OF DEATH EDICAL EXAMINER)  Y Month, Day, Yeor  19  That 10 this haspital eased alive by 16	CONGENITAL HEAD BUTING TO DEATH BUT NOT RELATED TO TO  205. DESCRIBE HOW INJURY OCCURRED.  206. INJURY OCCURRED While of work	ENT DISEAS THE TERMINAL DISEASE CON  (Enter noture of injury in Interpretation of the Injury (Home, formory, street, office bldg., etc.)  4 March , 1 the death accurred at the Injury of Injury (Home, formory, street, office bldg., etc.)  4 March , 1 the Injury of In	E  IDITION GIVEN IN PART 1(o)  Port 1 or Port II of item 1B.)  1, 20f. (City or town)  9 6 7 , tal 6 March, 5 10 AM, fram causes and  MED. STAFF DIRECTOR STAFF PHYS. EX	1 DAY  19. WAS AUTOPSY PERFORMED? YES 3 NO (County) (Stote)  19.6.7, that (%) (we) loan the date stated above 2b. DATE SIGNED 16. Mar 1967 NDREWS	
MEDICAL CERTIFICATION	rise to immediate stating the underly last.  PART II. OTHER SIG1  200. ACCIDENT WAS LOOK CONTRIBUTING CIFETHER, NOTIFY MOUTON.  201. I certify saw the development of the development of the control of t	which gove couse (o), fing couse (c).  AllFICANT CONDITIONS CONTRIBUTED CAPT USAI  MICHAEL I CAPT USAI	CONGENITAL HEA BUTING TO DEATH BUT NOT RELATED TO TO  205. DESCRIBE HOW INJURY OCCURRED.  206. INJURY OCCURRED While of work o	ENT DISEAS THE TERMINAL DISEASE CON (Enter noture of injury in Interpretation of the Injury (Home, formory, street, office bldg., etc.)  4 March , Interpretation of the Injury of the I	E  IDITION GIVEN IN PART 1(0)  Port I or Port II of item IB.)  1, 20f. (City or town)  9.6.7, tal.6 March, 510AM, fram causes and  MED. STAFF DIRECTOR STAFF PHYS. ***  AF HOSPITAL AI	1 DAY  19. WAS AUTOPSY PERFORMED? YES 3 NO (Stote)  (County) (Stote)  19.6.7, that (%) (we) lo an the date stated above 2b. DATE SIGNED 16 Mar 1967 NDREWS	
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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remaye carban papers. Pages 1 and 2 should be filed with the State Dept. at Health priar to burial, crematian, ar remayal, and in pay event, within 72 haurs after deather TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

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### CERTIFICATE OF DEATH

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					COUTO
1. PLACE OF DEATH				(Where deceosed lived, if institut	ion: Residence before admission)
o. COUNTY	rince Georges	MARYLA	ND - 0. STATE Mary	land b. cou	rinceGeorges
b. CITY OR TOWN	(It outside corporate limits,	c. LENGTH OF STAY IN 1		outside carporote limits, write RU	RAL and give nearest town)
	ond give nearest town) heverly	10 days	Clir	nton	16,1
d. NAME OF HOSE	PITAL OR INSTITUTION (If not in ho	spital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
Prince	Georges General	Hospital	Stee	ed Road	YES NO K
3. NAME OF DECEASED	First	Middle	Lost	4. DATE Mon	th Doy Year
(Type or print)	Robert	Eli	Garner	DEATH Marc	
S. SEX	6. COLOR OR RACE 7. MA	ARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In yeors lost birthdoy)	Months Doys Hours Min.
Male	MILLICE	OOWED DIVORCED	□ 1 Sept.,	1878 88 yrs.	
10o. USUAL OCCUPATION	ON (Give kind of work done	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (Count	y & State, or fareign country)	12. CITIZEN OF WHAT COUNTRY?
	ng life, even if retired) Farming	Tenent	Marylan		U. S. A.
13. FATHER'S NAME			14. MOTHER'S MAIDEN		
	in Robert Gar	ner	Mary Zo	ra Rawlings	
15. WAS DECEASED E	VER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	Addre	Same as Item
No	(If yes give wor or dotes of service		Bertie Virg	inia Garner-	. #2
IB. CAUSE OF	DEATH (Enter only one couse per	line fat (o), (b), and (c).)		rad	INTERVAL BETWEEN
PART I. DI	EATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)	Spuil fo	ymorary	Ederna, Bu	ONSET AND DEATH
199,	DUE TO		0 1-	7	
Conditions, if or	ny, which gove ) (b)	CANCE & EX	cr + Int a	uditory cer	ial or/
stoting the uni	derlying couse Dute 10		Til	/	/
last.		melataris	to lungo	3- <del>111-</del> 4	
PART II. OTHER	SIGNIFICANT CONDITIONS CONTRIB	UTING TO DEATH BUT NOT RELATE	D TO THE TERMINAL DISEASE CO	ONDITION GIVEN IN PART 1(o)	19. WAS AUTOPSY PERFORMED?
AIIO	mule Bel	ort firele	mephilis		YES NO
	VAS UNDERLYING □ NG □ CAUSE OF DEATH	20b. DESCRIBE HOW INJURY OCCU	RRED. Inter noture of injury in	Port 1 or Port II of item 1B.)	
	Y MEDICAL EXAMINER)				
20c. TIME OF IN	NJURY Month, Doy, Yeor		e. PLACE OF INJURY (Home, for foctory, street, office bldg., etc.		(County) (Stote)
W III	p.m. 19	While of work Of While	tociory, street, office bidg., etc	.,	
21. 1 cer	tify that (%) (this haspital)	attended the deceased fro	mMarch 9,	1967 , to March	19, 1967, that (I) (we) las
		19, 1967 , and	d that death accurred a	t 5,30M,Mram causes	and an the date stated abav
22o. SIGNATUR	E C . 00		ATTENDING	MED STAFF	22b. DATE SIGNED
	6 deing	Jensen	M.D. PHYS.	DIRECTOR L PHYS. L	3/20/67
22c. PHYSICIAN NAME (Typ		nsen, M. D.	22d. ADDRESS P	r.Geo Genera heverly. Md.	l Hospital,
23o. BURIAL, CREMA		23c. NAME OF CEMETER		23d. LOCATION (City or To	wn) (County) (Stote)
BUT 1 Pec	(ty) 3/22/67	Epiphany	Cemetery	Forestvill	e. Md.
24. FUNERAL DIREC		ADDRESS	2So. REC	D BY REGISTRAR 25b. RE	Climber Judge
Ritchie	Bros. Upper	Marlboro. M	Id DATE	APR 1 2 1967	Lank some

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Poge 4 may be retained by the hospital or ottending physician. VR A15 (4) 25M 1/67

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

### MEDICAL EXAMINER'S CERTIFICATE OF DEATH

04050

LOK STANK		O TOO T	CERTIFICATE OF PEATIT	03000
EALTH DEPT.		LACE OF DEATH	2. USUAL RESIDENCE (Where deceosed lived, if institut	
af af		CDUNTY Prince George's MARYLAND	d. STATE Maryland Prin	ce George's
ny delay is 2, and 3 ta PM3. Page partment af	ŀ	CITY OR TOWN (If outside corporate limits,	c. CITY DR TOWN (If outside corporate limits, write RU	IRAL ond give neorest town)
de and M3.		write RURAL ond give neorest town)  Cheverly  DOA	Acres	1/2-1
The state of the s	-	Cheverly DOA  NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
= - E 3	199		Por 22 Pt 7 Aguago N	
ath. If any delay ages 1, 2, and 3 th farm PM3. Pa	3. 1	Prince George General Hospital  AME OF First Middle	Box 23, Rt.1, Aquasco N	CON ANGEL SE
after death. I 8. Give Pages alang with far with the State.	1	VeceASED Type or print)  George Cardinal G	Gibbons OF DEATH 3	22 1967
after of Sive alang with th	S. S	EX 6. CDLDR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
s al 18. 18. s ald 2 wi th.	1 771	ale white WIDDWED DIVORCED	10-21-1898   lost birthdoy) 68 Yrs.	Months Days Hours Min.
24 haurs in Item I r's Office ss Iand2 iffer deat	10o.	USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR	11. BIRTHPLACE (Stote or foreign country)	12. CITIZEN OF WHAT
s o s o s o s o s o s o s o s o s o s o	dur	nost of working life, even if retired)  armer Tobacco	Maryland	COUNTRY? U.S.A.
in 2 cil ii ner age: s af	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
within pencil camine le page haurs c		William Lloyd Gibbons	Price Susanna DeMa	rr
in i	1S.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INCODMANT TO Adde	0.0
cute ng" dica hin	(I)	no, or unknown) (If yes give wor or dotes of service)  213-38-3257 Ed	lith Gibbons, Aquasco	. Md.20608
be execute "pending" iief Medica insit permit		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)		INTERVAL BETWEEN
be "pe		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Heart failure		ONSET AND DEATH
ward ward the Ch rial-tro		4200 DUE TO Arteriosclerotic h	heart disease	over 3 yrs.
sha a th an	Н	Conditions, if ony, which gove rise to immediate couse (a), (b)		
d the day	Ш	stoting the underlying couse DUE TO		
ertificate sh writing the rwarded ta t sed as a bu ral, and in a		last. (c)		Lio mas autorey
INER: This certificate should be executed within 24 hours after death. If a certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, should be farwarded to the Chief Medical Examiner's Office along with farm files.  3 should be used as a burial-transit permit. File pages I and 2 with the State Deitan, or remayal, and in any event within 72 hours after death.	NO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED?
his ate, e for e for ema	ICAT	20o. EXTERNAL CAUSE WAS 20b DESCRIBE HOW INITIRY OCCURRED	(f) (1) (1) (1) (1) (1) (1) (1)	YES NO 🔼
ER: This certificate, auld be fores. thauld be to the in or remain, or remains.	ERTIF	PRIMARY ☐ or CONTRIBUTING ☐	. (Enter noture of injury in Port I or Port II of item 18.)	
cer	AL C	CAUSE OF DEATH.  20c. TIME OF INJURY Month. Day. Yeor 20d. INJURY OCCURRED 20e. PLA	ACE OF INJURY (Home, form, 20f. (City or town)	(County) (State)
TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours a necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18, the funeral director. Page 4 should be farwarded to the Chief Medical Examiner's Office of 5 may be retained for your files.  TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 w Health prior to burial, cremation, or remayal, and in any event within 72 hours after death.	MEDICAL CERTIFICATION		ctory, street, office bldg., etc.)	(County) (State)
Pag Pag ar y R: P.		21. I certify that I taok charge af the remains described above, he	eld an Autopsy 🔲, 🛮 Inspectian 🔀, 🔻 Inq	uiry 🗶 , and in my apinia
d f ex crisical from the critical from the criti		death resulted fram: Natural causes 🔀 , Accident 🗌 , Suic	cide, Hamicide, Undetermined m	nanner 🔲
irect aine aine a b		ACTUAL O / & /	CHIEF MEDICAL EXAMINER	22. DATE SIGNED
ar de		SIGNATURE JAMES CENT	M.D. ASSISTANT MEDICAL EXAMINER	22. DATE SIGNED
o DEPUTY necessary, p the funeral 5 may be n 5 FUNERAL Health prior		EXAMINER'S NAME (Type) John Kehoe, M.D. Riverdale, Md.	DEPUTY MEDICAL EXAMINER     Address (Street, city, town, or county)	3-23-67
The the teath	230	BURIAL CREMATION / 1 23b DATE THEREOF 1 23c NAME OF CEMETERY OR	CREMATORY 23d. LOCATION (City or To	own) (County) (Stote)
7		Burial 3-25-67 St Marys C	Cemetery Aquasco.	P.G. Md.
VR A15ME (5)	24	FUNERAL DIRECTOR ADDRESS	Cemetery Aquasco, MAR 2 7 1967 JOHN MAR 2 7 1967	EGISTRAR'S SIGNATURE
6M 1/67	T	ne Huntt Funeral Home, Waldorf, M	Id. DATE 1901	harles Judge.

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	04052	CERTIFICATE	OF DEATH	04051
1.	PLACE OF DEATH O. COUNTY PR. GEORGE'S	MARYLAND	2. USUAL RESIDENCE (Where deceased a. STATE	lived, if institution: Residence before admission) b. COUNTY  PR. GEORES
	b. CITY OR TOWN (If outside carparate limits, write RURAL op gave nearest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If ourside corporate AND C	limits, write RURAL and give nearest town)
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, gi	3	d. STREET ADDRESS	LANDOVERAD e. IS RESIDENCE ON A FARM? YES NO ]
3.	NAME OF First DECEASED (Type or print)			Month Doy Year MARCH 30 1967
	SEX 6. COLOR OR RACE 7. MARRIED [ WIDOWED [	DIVORCED	1/1/98	GE (In yeors ost birthdoy) Months Doys Hours Min.
du	uring most of working life, even if retired)	O OF BUSINESS OR PUSTRY ETIRED	11. BIRTHPLACE (County & State, ar foreign RED SPRING-	
13	3. FATHER'S NAME WILL MCNE			MPBELL
19	S. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, na, or unknawn) (If yes give wor or dotes of service)	OCIAL SECURITY NO. 17. IF	NFORMANT	Address
	IB. CAUSE OF DEATH (Enter only one cause per line for ( PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Canditians, if only, which gove ) (b)		hemorrho	INTERVAL BETWEEN ONSET AND DEATH  3 - 5 - 1/20.
	rise to immediate couse (o), stating the underlying couse lost.	lonoscle	roso advan	ad I
ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CONDITION GIVEN I	N PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO
L CERTIFICATION			Enter nature af injury in Part I ar Port II	
MEDICAL	p.m. 17 of work	Not While of work	ory, street, office bldg., etc.)	City ar tawn) (County) (State)
	21. I certify that (I) (this hospital) attends saw the deceased alive an3 - 3	ed the deceased from	death accurred at 2:32M,	
	220. SIGNATURE Refred R.	Capen mis	ATTENDING MED. PHYS. DIRECTOR C	STAFF PHYS.   22b. DATE SIGNED
	22c. PHYSICIAN'S NAME (Type) ALFRED R		D. PINE (VELU)	FARDENS CLINTON, ND
	30. BURIAL, CREMATION, REMOVAL Specify April 3rd67	23c. NAME OF CEMETERY OR C	Park 7601.	IION (City or Town) (County) (Stote)  - Sh eriff Rd. Maryland
	24. FUNERAL DIRECTOR  Washington Funeral Chap	ADDRESS Del 475- H St.	250. REC'D BY REGISTRAR DATE APR 7	25b. REGISTRAR'S SIGNATURE  1967 (Claryly Sudge

**10 HOSPITAL OR ATTENDING PHYSICIAN:** The low requires that the deoth certificote be executed within 24 hours after death. Page 4 moy be retained by the hospital or attending physicion.

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FOR STATE HEALTH DEPV.	04053
HEALTH DEPV. )	1. PLACE OF DEATH

FOR STATE		04053	MEDICAL EXAMINER'S	CERTIFICATE OF	DEATH	04052
HEALTH DEPT.		PLACE OF DEATH 2. COUNTY		O STATE	h COII	tion: Residence before odmission) NTY
+ 50	_	Prince George's  o. CITY OR TOWN (If outside corporate limits,	MARYLAND  C. LENGTH OF STAY IN 1b	Maryland	side corporate limits, write RU	e George's
adh. If any delay ages 1, 2, and 3 th farm PM3. Pa State Department		write RURAL and give nearest town)			side corpordre minis, wille ku	KAL dila give fiedresi fawii)
PM PM		Laurel	4 yrs	Laurel		16-1
Dep Dep		NAME OF HOSPITAL OR INSTITUTION (If not in hos	pital, give street oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
es far far	6	Laurel Manor Court		6 Laurel M	anor Court	YES NO X
death. If a Pages 1, with farm		NAME OF First DECEASED	Middle	Lost	4. DATE Man	th Doy Year
		Type or print) Florentine	Maude Gil	bert	DEATH	9 19 67
after death.  8. Give Page alang with fi	S.		RRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	IF UNDER 1 YEAR IF UNDER 24 HRS.  Months Days Haurs Min.
24 haurs after death. I in Item 18. Give Pages r's Office along with far ss 1 and 2 with the State ifter death		Female White WIDO	OWED 💂 DIVORCED 🔲	30 July 188		MOITHS Days Hadis Mill.
haurs Item 1 Office and 2 r death	10a	USUAL OCCUPATION (Give kind of work done	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State o		12. CITIZEN OF WHAT
24 h in It r's 0 r's 0	dur	ng most of working life, even if retired)	INDUSTRY	Farm NO	ton MAIN	E COUNTRY S FT
in 2 iii ii ner ner age s af	13.	FATHER'S, NAME	1	14. MOTHER'S MAIDEN NA	AME	
ed within 24 haurs in pencil in Item 1 Il Examiner's Office 1. File pages 1 and 2 72 haurs after death		OHARIES E-1	YFI/H	JENNIE	METC	ALF
d with in per Exam Exam File p	15.	WAS DECEASED EVER IN U.S. ARMED FORCES?		INFORMANT	Addr	ess/065 5 54 54
s certificate shauld be executed within 24 haurs after e.g. writing the ward "pending" in pencil in Item 18. Givitarwarded to the Chief Medical Examiner's Office along used as a burial-transit permit. File pages 1 and 2 with a laval, and in any event within 72 haurs after death	(Ye	s, no onunknown) (If yes give wor or dotes of service	161-19-7014 11	D HADRET	Cilhrot	LAUREL, MI
ld be execute rd "pending" Chief Medical ransit permit		1B. CAUSE OF DEATH (Enter only one couse per li		L HUMITE C-	- GILVIER!	INTERVAL RETWEEN
shauld be e ne ward 'per a the Chief I burial-transit n any event v		DADT I DEATH WAS CALISED BY.				ONSET AND DEATH
d b d 'd Chi Chi			eart failure	3	14	
the the		Conditions if any which area	ypertensive cardi	o vascular o	lisease	over 10 yrs.
e sh the ta 1 bur		rise to immediate couse (o),				
fing the find the rded in as a a and in		stoting the underlying couse (c)				
This certificate shauld cate, writing the ward be farwarded ta the Cl be used as a burial-trremaval, and in any ev		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBU	TING TO DEATH BUT NOT BELATED TO	THE TERMINAL DISEASE CONF	DITION CIVEN IN PART 1/a)	19. WAS AUTOPSY
INER: This certificate, writh the certificate, writh should be farwan files. 3 should be used tian, ar remaval,	8	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBU	TING TO DEATH BUT NOT KEEPED TO	THE TERMINAL DISTASE COND	MINOR GIVEN IN PART 1(0)	PERFORMED?
certificate auld be faces.	CERTIFICATION	2Do. EXTERNAL CAUSE WAS	Ob. DESCRIBE HOW INJURY OCCURRED.	(Fatos antuso of injury in Dr	ant Las Dant II of item 10.)	YES NO X
# T P L	ERI	PRIMARY ☐ or CONTRIBUTING ☐	OD. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Po	off for Port II of Hem (B.)	
NER: certifi hauld illes. shauld shauld		CAUSE OF DEATH.	and an I william to a single	SE OF HUMBER OF T	1 001 (6)	(5)
	MEDICAL	Hour o.m.		CE OF INJURY (Home, form, tory, street, office bldg., etc.)	2Df. (City or town)	(County) (State)
XA Ite ge yau yau rem	>		ot work U ot work U			
Pacecular Pacecu		21. I certify that I took charge of th		The second of th	Inspection 🗶 , Inq	uiry 🔀 , ond in my opinion
e exector. Productor.		death resulted from: Notural cous	es 🗶 , Acciden 🔲 , Suic	ide 🔲, Homicide [	, Undetermined n	nanner 🗌
MEDIC blease directa directa DIRECT		ACTUAL	N //	CHIEF MEDICAL E	XAMINER	OO DATE COMED
JTY ME ry, pleateral direction be retail		SIGNATURE TONS	legar	M.D. ASSISTANT MEDIC		22. DATE SIGNED
EPUTY Sssary, funerall ay be NNERAL		EXAMINER'S		DEPUTY MEDICAL		0.00/5
necessary, please execute the the funeral director. Page 4 5 may be retained far your to FUNERAL DIRECTOR: Page 44 briar to burial, crema	_	NAME (Type) John/Kehoe, M.D.			city, tawn, or county)	3-10-67
TO D the	230	BURIAL, CREMATION 23b. DATE THEREOF	23c. NAME OF CEMETERY OR		23d. LOCATION (City or To	(County) (Stote)
N	C	REMATION MAR. 11, 19		V [EMElERY	WASH- 1.	)-(
VR ATSME (S)	24	FUNERAL DIRECTOR LUADE 1	TURFL MARYL	And 250. RESD	BY REGISTRAR 2Sb. R	EGISTRAR'S SIGNATURE

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04054	CERTIFICATE	OF DEATH		04053						
1. PLACE OF DEATH O. CPUNG. County Ri	verdale MARYLAND	2. USUAL RESIDENCE (W o. STATE Md •	here deceosed lived, if institutio b. COUNT							
b. CITY OR TOWN (If outside corporate limits,	c. LENGTH OF STAY IN 16  1Day-	Beltsville	side corporote limits, write RURA Md .	AL and give nearest town)						
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, g 73 Eugene Leland Hospital		d. STREET ADDRESS 11338 Cher	rry Hill , R	e. IS RESIDENCE ON A FARM? YES NO						
3. NAME OF DECEASED (Type or print) Goldberg, Mrs	. Middle Sarah,	Lost None	4. DATE Month OF DEATH 3-							
S. SEX 6. COLOR OR RACE 7. MARRIED White WIDOWED		12-15-88	9. AGE (In yeors lost birthdoy) yrs.	Months Doys Hours Min						
	ND OF BUSINESS OR None	11. BIRTHPLACE (County &	Stote, or foreign country)	12. CITIZEN OF WHAT COUNTRY? Amer						
13. FATHER'S NAME Bernhard Finkelstine.		14. MOTHER'S MAIDEN N. Cecilia F								
		IFORMANT	Addres	s 8 Queensbury Dr						
rise to immediate couse (a), stating the underlying couse (b).  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING.	GENERAL O DEATH BUT NOT RELATED TO THE	HE TERMINAL DISEASE COND	DITION GIVEN IN PART 1(o)	19. WAS AUTOPSY PERFORMED?						
G OR CONTRIBUTING CAUSE OF DEATH	SCRIBE HOW INJURY OCCURRED. (E	Enter nature of injury in Po	ort I or Port II of item 18.)	YES NO						
	Not While foctor	E OF INJURY (Home, form, ry, street, office bldg., etc.)	20f. (City or town)	(County) (Stote)						
21. I certify that (I) (this haspital) attends saw the deceased alive on	21. I certify that (I) (this haspital) attended the deceased fram MALL B., 1967, the WWW. 1967, that (I) (we) last saw the deceased alive on WWW. 1967, and that death accurred at 125 M, fram causes and on the date stated above.									
22c. PHYSICIAN'S NAME (Type) L. W. MAL	TN M.D.		MED. STAFF DIRECTOR DELL'ALE	me						
230. BURIAL, CREMATION, 23b. DATE THEREOF 3-22-67	1			1100						
Dullar O 22 OI	23c. NAME OF CEMETERY OF CEMET	Memorial G	23d. LOCATION (City or Tow arden Falls BY REGISTRAR 25b, 256	Church, Va.						

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, crematian, or removal, and in any event, withful 72 hours offer death. **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 hours ofter death. Page 4 may be retained by the hospital or attending physicion.

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MEDICAL EXAMINER'S CERTIFICATE OF DEATH DEPT. EALTH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) PLACE OF DEATH a STATE b COLINTY o. COUNTY o to Maryland Prince George's
c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Prince George's delay pages 1 and 2 with the Stote Department c. LENGTH OF STAY IN 1h b. CITY OR TOWN (If outside corporate limits. puo write RURAL and give nearest town) Chillum DOA Riverdale e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS to the Chief Medical Examiner's Office along with form YES NO TE Give Poges 830 Cox Avenue Leland Memorial Hospital 4. DATE NAME OF lost Month Doy Year DECEASED Gordon Sr 19 67 DEATH (Type or print) Ralph Franklin IF UNDER 1 YEAR IF UNDER 24 HRS 8. DATE OF BIRTH 9. AGE (In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED lost birthdoy) Months Doys Hours 72 hours ofter deoth. WIDOWED DIVORCED 11 April 1909 male white 11. BIRTHPLACE (State or foreign country) 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired)

Retired D C Fireman D C Government North Carolina 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME executed within Fannie William F Gordon Potter 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, of unknown) (If yes give wor or dotes af service) 578 10 5480 17 INFORMANT Address Ruth L. Gordon Chillum, Maryland. 'pending" event within INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) buriol-tronsit ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Heart failure writing the ward This certificate should over 10 vrs. Arteriosclerotic heart disease ony Conditions, if ony, which gove rise to immediate couse (a). .= DUF TO stating the underlying couse 0 farwarded and 00 last nsed 19. WAS AUTOPSY crematian, or removal, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? NO the certificate, Aleukemic leukemia - over 3 months. pe should be 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) 3 should PRIMARY Or CONTRIBUTING MEDICAL EXAMINER: CAUSE OF DEATH. MEDICAL 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED foctory, street, office bldg., etc.) of work ot work 21. I certify that I taok charge of the remains described above, held an Autopsy , Inspection x Inquiry , and in my apinian Natural causes Suicide | Undetermined manner | Accident death resulted fram: CHIEF MEDICAL EXAMINER 9 ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER prior SIGNATURE funeral FUNERAL DEPUTY MEDICAL EXAMINER Health NAME (Type) John Kehoe. M.D. Riverdale, Md. Address (Street, city, town, or county) 23c. NAME OF CEMETERY OR CHEMATORY the 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) 230. BURIAL, CREMATION 0 Winston Salem North Carolina Mar 24, 1967 Salem Cemetery 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATUR 24. FUNERAL DIRECTOR F. Gasch's Sons Hyattsville, Md.

VR A15ME (5) 6M 1/67

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PART OF THE PROPERTY OF

	1	DIVISION O	OF VITAL RECORDS, 301 W.	PRESTO	ON STREET, BALTIMOR	RE, MARYLAND 2	1201	
FOR STATE	L	04056	MEDICAL EXAMIN	IER'S			04	1055
EACHH DEPT.		PLACE OF DEATH o. COUNTY Prince George s	3 MAR	/LAND	2. USUAL RESIDENCE (WI o. STATE Maryland	i l	Prince	George's
PM3 de artmen		b. CITY OR TOWN (If outside corporote limits, write RURAL and give nearest town)  College Park		N 1b	c. CITY OR TOWN (If outs	side corporote limits, wi	rite RURAL ond give	16-1
s 1, 2 orm e Dep		d. NAME OF HOSPITAL OR INSTITUTION (If not 9223 B altimore			d. STREET ADDRESS	ltimore Av	enue	e. IS RESIDENCE ON A FARM? YES NO D
after death. If any deady 8. Give Pages 1, 2, and 3 alang with farm PM3 Pre with the State Department		NAME OF Firs		d		4. DATE OF DEATH	Month March	Doy Year 3 19 67
rs after 18. Giv e alang 2 with ath.	S.	SEX 6. COLOR OR RACE male white	7. MARRIED NEVER MARRIED WIDOWED DIVORCEI		8. DATE OF BIRTH  July 15, 189	9. AGE (In year)	ears IF UNDER	
executed within 24 haurs of ding" in pencil in Item 18 Medical Examiner's Office of permit. File pages 1 and 2 within 72 haurs after death	10o dur	USUAL OCCUPATION (Give kind of work done ng most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY Gift shop		11. BIRTHPLACE (State o		12. CIT	UNTRY?
within pencil i xaminer ile page haurs a	13.	FATHER'S NAME Bernard Graf			14. MOTHER'S MAIDEN NA	Oglesb	у	
cuted in ng" in dical Extraording Fin 72	1S. (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? s, no, or unknown) (If yes give wor or dotes of	service) 16. SOCIAL SECURITY NO. 269 12 7238	17. <b>B1</b>	informant anche E Graf	Colleg	Address e Park,	Md.
be executed "pending" in hief Medical E ansit permit. F ent within 72		18. CAUSE OF DEATH (Enter only one cous PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (i	25 . 7	mona	r <b>y</b> embolus			INTERVAL BETWEEN
This certificate should be executed within 24 haurs after death. It states, writing the ward "pending" in pencil in Item 18. Give Pages 1, be farwarded to the Chief Medical Examiner's Office along with farm I be used as a burial-transit permit. File pages land 2 with The State Deremayal, and in any event within 72 haurs after death.		Conditions, if only, which gove rise to immediate couse (a), stating the underlying couse	b) Phlebo-thro	mbos	is of right	femoral ve	in	over 24 h
iting that arded arded as a					of leg in ca			7 weeks
te, wr farw farw oe use	CERTIFICATION							PERFORMED?  YES K NO
INER: This of a certificate, should be fa files. 3 should be used in a cemon or remoner.	L CERTIFI	20o. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING 🏗 CAUSE OF DEATH.	20b. DESCRIBE HOW INJURY O	in ho	otel room.			
TO DEPUTY MEDICAL EXAMINER: This certificate, writh necessary, please execute the certificate, writh the funeral director. Page 4 should be farwar 5 may be retained for your files.  TO FUNERAL DIRECTOR: Page 3 should be used Health priar to burial, crematian, ar remaval,	MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor 9:30 AM p.m. 1-14-67 19	20d. INJURY OCCURRED While Not While at wark of work	20e. PLA	CE OF INJURY (Home, form, Penn Shereto	n Hotel	Pittsbur	g (Stote)
execu ar. Pag af far ) TOR: P		21. I certify that I took charge death resulted from: Natural	of the remoins described of					
MED please 1 direct retaine L DIREC	L	ACTUAL SIGNATURE	hehe		CHIEF MEDICAL E			22. DATE SIGNE
o DEPUTY necessary, p the funeral S may be re D FUNERAL Health prior		EXAMINER'S NAME (Type) John Kehoe				avleyn, Mdunty)		-4-67
the Heal	230	BURIAL, CREMATION, 23b. DATE THE REMOVAL (Specify) Narch 7,	1967 Rose Hill	l Bur	rial Park	23d. LOCATION (City Akron	Carmon i 4	(County) (State) Ohio
VR A15ME (5) 6M 1/67	24	F. Gasch's Sons	Hyattsville,	Md.	2So. REC'D	IAR 7 196	Sh REGISTORIS	steel Judge

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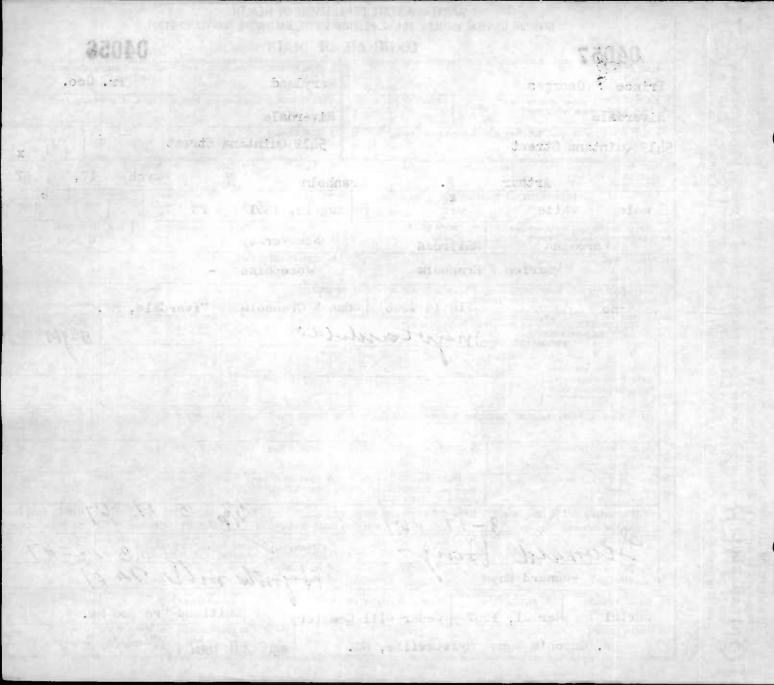
# 10

# **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remaye carban papers. Pages 1 and shauld be filed with the State Dept. at Health priar ta burial, crematian, ar remayal, and in any event, within 72 haurs after death

VR A15 (4) 25M 1/67

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

0405	57		CERTI	FICATE	OF DEATH			0405	S		
PLACE OF DEATH C. COUNTY Prince	Georges		MA	RYLAND	2. USUAL RESIDENCE (		b. COU	Pr.	Geo	•	in)
b. CITY OR TOWN Riverdal	(If autside carparate limit od give nearest tawn)	5,	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If at Riverdale	utside corpo	arate limits, write RL	IRAL and give	nearest 16	tawn)	
	tana Street	at in haspital, giv	e street address)		d. STREET ADDRESS 5419 Quin	tana	Street			ON A FA	DENCE ARM? NO 🚾
3. NAME OF DECEASED (Type or print)	Arthu:	rst F	Middle	Gra	Last nholm	4. DATE OF DEAT	Mar	rch	17,	Yeo	67
s. sex male	6. COLOR OR RACE white	7. MARRIED X	NEVER MARRI		Aug 12, 189	1	9. AGE (In years 75 birthday) yrs.	IF UNDER 1 Manths	YEAR Days	IF UNDER Hours	Min.
during most of working	N (Give kind af wark done g life, even if retired) reman		O OF BUSINESS OR JSTRY road	1.3	11. BIRTHPLACE (County New Jerse		fareign cauntry)	12. CIT COL	IZEN OF	WHAT A	
13. FATHER'S NAME	Charles	F Gran	holm		Josephin						
	ER IN U.S. ARMED FORCES? (If yes give war ar dates o	f service)	CIAL SECURITY NO. 14 9966	-	nformant na N Granho	lm	Miverda]				
	y, which gave ) ite cause (a), (	(a) m TO (b)	a), (b), and (c).)	uli	w					RVAL BETT	
PART II. OTHER S	SIGNIFICANT CONDITIONS C								F	VAS AUTO PERFORMI	OPSY ED? NO
	AS UNDERLYING  GCAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY	OCCURRED.	Enter nature af injury in	Port I or P	Part II of item 18.)				
Haur'a.	JURY Month, Day, Year .m. 19	20d. INJI While at wark	JRY OCCURRED  Nat While at wark		E OF INJURY (Hame, farn ary, street, affice bldg., etc.		(City ar town)	(Cau	enty)	(	(State)
sayn the o	<b>ify</b> thot (I) (this hos leceased alive on	pital) attende	d the deceased	d from and thot	death occurred at	99 6 91 P		ond on th		stoted	we) los obov
22q SH NATURE 22c. PHYSICIAN' NAME (Typo	mard	Ha	y	M.C	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS C	22b. DA	TE SIGNET	-6	7
23a. BURIAL, CREMAT REMOVAL (Specif			23c. NAME OF CE				LOCATION (City or To	o Geo M	(County)	(Si	tate)
24. FUNERAL DIRECT	Gasch's So	ns Hya	ADDRESS		25a. REC'I	D BY REGIS		EGISTRAR'S SI			



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

0405	8
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MEDICAL

CERTIFICATE OF REATH

	0.2000				CERTIFICA	IIE	OF DEATH			MOS	17_		
(		NCE GEORGE			MARYLAND		2. USUAL RESIDENCE (W o. STATE DISTR	ICT (	OF COLUMB	IA			n)
1	D. CITY OR TOWN (	If outside corporate limit	s,	C.	LENGTH OF STAY IN 1b		c. CITY OR TOWN (If out	tside corpo	prote limits, write RUF	RAL ond giv	e neorest	town)	
A	b. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town) ANDREWS AIR FORCE BASE  15 DAYS				WASHINGT	ON			4	47.3			
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress)						d. STREET ADDRESS				6	. IS RESID	ENCE PM2
	USAF HOS	SPITAL ANDR	EWS				225 ORANG	E ST	., S.E.		1		NO 🔼
1	NAME OF DECEASED (Type or print)	BARBAR	rst A.	é	Middle FAN		Lost GRAY	4. DATE OF DEAT	44 100	h ARCH	Doy	Yea 19 (	
S. 3	SEX	6. COLOR OR RACE	7. M	ARRIED X	NEVER MARRIED	1 1	B. DATE OF BIRTH		9. AGE (In years lost birthdoy)	IF UNDER Months		IF UNDER Hours	
F	FEMALE	NEGRO	WI	OOWED	DIVORCED [		3 DEC 1943		23 yrs.	MOIIIIS	Doys	HOUIS	Min.
	100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. KIND OF BUSINESS OR INDUSTRY  N/A									TIZEN OF DUNTRY?	WHAT USA	1	
13.	FATHER'S NAME						14. MOTHER'S MAIDEN N	IAME		404			
	JOHN PIN	KNEY					MINNIE FAIRWELL						
15. (Ye	WAS DECEASED EVE s, no, or unknown)	R IN U.S. ARMED FORCES? (If yes give wor or dotes	of servi	16. SOCI.	AL SECURITY NO. 1	17. 11 H	NFORMANT JOHN TO SE	E. GI AME A	RAY Addre	ess			
	PART I. DEAT	EATH (Enter only one con TH WAS CAUSED BY: IMMEDIATE CAUSE	100			RR	EST					RVAL BET ET AND D	
	Conditions, if ony, which gove ) (b) RENAL FAILURE rise to immediate cause (o),				L FAILURE								
	stoting the unde	rlying couse	(c)										
z	PART II. OTHER SI	GNIFICANT CONDITIONS	ONTRIE	UTING TO D	EATH BUT NOT RELATED	TO T	HE TERMINAL DISEASE CON	DITION G	IVEN IN PART 1(o)		19.	WAS AUTO PERFORMI	PSY D?
ATIO	1. Thrombocytopenia 2. Subarachnoi				oio	d hemorrha	z e			ΥE		NO 🔲	
1. Thrombocytopenia 2. Subarachnoid hemorrha g e  1. Thrombocytopenia 2. Subarachnoid hemorrha g e  2. Subarachnoid hemorrha g e  200. ACCIDENT WAS UNDERLYING COLUMN WAS UNDERL													

OR CONTRIBUT (IF EITHER, NOT 20c. TIME OF INJURY Month, Doy, Yeor

20d. INJURY OCCURRED While

Not While ot work

20e. PLACE OF INJURY (Home, form, (City or town)

foctory, street, office bldg., etc.)

(County)

(Stote)

Hour o.m. 21. I certify that [OK(this haspital) attended the deceased from. sow the deceased alive on

19 67, and that death accurred at 1232AM, fram causes and on the date stated above. M.D.

PHYS.

MED. DIRECTOR

67. ta

19

STAFF PHYS. X

22b. DATE SIGNED

22c. PHYSICIAN'S NAME (Type)

230. BURIAL, CREMATION, REMOVAL (Specify)

23c. NAME OF CEMETERY OR CHEMICORY

22d. ADDRESS

(County)

FUNERAL DIRECTOR

220. SIGNAJURE

LOCATION (City or Town)

VR A15 (4) 20 M 1/66

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death

Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been

director, page 3 shauld be detached far use as the burial-transit permit. Their preuse remove curven pupers. Fuges i shauld be filed with the State Dept. of Health priar ta burial, cremation, ar remaval, and in any event, within 72 haurs after

signed by the attending physician and campletely burial-transit permit. Then please remave carbot

filled in by the fund

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

04059

### CERTIFICATE OF DEATH

04058

PLACE OF DEATH     a. COUNTY	Prince Geo	rges	MARYLA	a. STATE	CE (Where deceased . N. J.	b. COUNT	Υ	1
b. CITY OR TOWN	(If autside carparate limit	'S,	c. LENGTH OF STAY IN		f autside carporate 1	imits, write RURA	L and give neares	st town)
	nd give nearest tawn) Dale (rural)		24 days	Monte	clair		61	7-3
d. NAME OF HOSP	ITAL OR INSTITUTION (If n	at in haspital, ç	give street address)	d. STREET ADDRESS				e. IS RESIDENCE ON A FARM?
Glenn	Dale Hospita	al		20 M	ission St	reet		YES NO
3. NAME OF DECEASED (Type or print)	W11	rst Lie	Middle Mae	Cray	4. DATE OF DEATH	Manth 3	11	19 67
S. SEX	6. COLOR OR RACE	7. MARRIED WIDOWED	NEVER MARRIED  DIVORCED	B. DATE OF BIRTH 7/2/1909		GE (In years ast birthday) 57 yrs.	Manths Days	Hours Min.
10a. USUAL OCCUPATIOn during most of working unemplo	ON (Give kind of work dane g life, even if retired)		ND OF BUSINESS OR DUSTRY	11. BIRTHPLACE (Cau	inty & State, ar fareigi	country)	12. CITIZEN OF COUNTRY?	
13. FATHER'S NAME				14. MOTHER'S MAID	EN NAME	- 3		
Matthew	Ackinson	100		Cora 1	Bowlin			
1S. WAS DECEASED EN (Yes, na, ar unknawn	VER IN U.S. ARMED FORCES? (If yes give war ar dates of	of service)	7-30-9738	17. INFORMANT  Decedent		Address	S	
Canditians, if an rise ta immedia stating the und last.	ate cause (a), (	TO (b)	alized arte	eriosclerosis				nown
PART II. OTHER Arterio	significant conditions of sclerotic h	contributing teart di	o DEATH BUT NOT RELATI sease; diab	ed to the terminal disease petes mellitus	CONDITION GIVEN II	N PART 1(a)		WAS AUTOPSY PERFORMED?
OR CONTRIBUTIN	AS UNDERLYING  G CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DE	SCRIBE HOW INJURY OCCL	JRRED. (Enter nature of injury	in Part I ar Part II	af item 1B.)		
₽ Haur (	JURY Manth, Day, Year o.m. 19	20d II While at warl	Nat While	Oe. PLACE OF INJURY (Hame, factory, street, affice bldg.,		ity ar tawn)	(Caunty)	(State)
	tify that 😭 (this has deceased alive on_	pital) attend 3/11/	ded the deceased from 19 <b>67</b> , an	om <b>2/15/</b> d that death occurred	, 19.67 , to ot <b>1:55 A</b> M, fi	3/11 rom couses or	nd on the dot	
22a. SIGNATUR	wife t	Vhu		M.D. ATTENDING PHYS.	MED. DIRECTOR		22b. DATE SIGN 3/11/6	
22c. PHYSICIAN NAME (Typ	e) Moe We	iss, M.	D.	22d. ADDRESS		ale Hos		
23a. BURIAD CREMAT REMOVAL (Speci			23c. NAME OF CEMETE  Reaven		Mano	ON (City or Town		N.J.
24. FUNERAL DIRECT	TOR Whis Fi	alles	7-Sty The	GNE NOSATE	3-13-67	280	Borden Ber	3658

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death Page 4 may be retained by the hospital or ottending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion ond completaly filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremation, or remaval, and in any event within 72 haurs ofter deoth

VR A15 (4) 25M 1/67

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DIVISION OF VITAL RECORDS, W. PRESTON STREET, BALTIMORE, MARYLAND 21201

04060

### MEDICAL EXAMINER'S CERTIFICATE OF DEATH

04059

Titley.
FOR STATE
HEALTH DEPT.
S 0 0 +
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de and M3.

in pencil in term 18. Give Pages 1, 2,

This certificate should be executed within 24 hours after death. If

TO DEPUTY MEDICAL EXAMINER:

VR A15ME (5)

necessary, please execute the certificate, writing the word "pending" in pencil in Jem 18. Give Pages 1, 3 the funeral director. Page 4 should be farworded to the Chief Medical Examiner's Office along with form

TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages 10md2 with the State Depa 00 5 may be retained for your files.

Health prior to burial, cremotion, or remaval, and in any event within 72 hours ofter death.

	PLACE OF DEATH					NCE (Where deceased lived		lence before admiss	ion)
	a. COUNTY	nce Ge orge	10	MARYLANI	Maryland	3	Prince	George's	
-		If autside corporate limi		c. LENGTH OF STAY IN 16		(If outside corporate limits			
	write RURAL one	d give neorest town)	,					,	
_	Hyattsvi				d. STREET ADDRESS		16.	e. IS RESI	DENCE
	d. NAME OF HUSPII	AL OR INSTITUTION (If r	not in hospital,	give street oddress)	d. SIKEEL ADDRESS	3		ON A	FARM?
	4203 Bra	exton Place	2		4203 Bra	axton Place		YES	NO X
	NAME OF		First	Middle	Lost	4. DATE OF	Month	Day Y	ear
	DECEASED (Type or print)	Wil	lliam		Green	DEATH	3	29 19	67
S.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (			R 24 HRS.
	male	nagna	WIDOWED	DIVORCED [	28 Feb. ]		oirthdoy) Months	Doys Hours	Min.
		l negro	e 10b. K	ND OF BUSINESS OR		(Stote or foreign country)	12.	CITIZEN OF WHAT	
	ing most of working			DUSTRY -		11. 11.	70.45	COUNTRY2	ř
12	FATHER'S NAME	· a		loc13T	14. MOTHER'S MAI		מומו	0-0170	
13.	TATHER 3 NAME	1			1/				
	Chan	185 TAE	24		Unk no	own			
		R IN U.S. ARMED FORCES (If yes give war or dotes		SOCIAL SECURITY NO.	17 INFORMANT	.11	Address Go	en Paden	red
1.,	NO	None	, 01 3011100		Beatha MAT	Hhrw3 8620	Volinson,	Ave	
	1B. CAUSE OF D	EATH (Enter only one co	ouse per line for	(a), (b), ond (c).)				INTERVAL BE	
	PART I. DEA	TH WAS CAUSED BY:	E (a) Met	astatic carc	inoma			ONSET AND	DEATH
	1447	/		dermoid carc		late		over 1	ייניני
	Conditions, if ony		(p)	dermord carc.	mona or par	Lave		0401 1	AT.
	rise to immediat	e couse (o),	E TO						
	stating the unde	rlying cause							
	last.	,	(c)			TO COMPANY OF THE PARTY OF THE	07.1( )	19. WAS AUT	TODEV
Z	PART II. OTHER SI	GNIFICANT CONDITIONS	CONTRIBUTING	TO DEATH BUT NOT RELATED	TO THE TERMINAL DISEAS	SE CONDITION GIVEN IN PA	.RT I(a)	19. WAS AUT PERFORA	
Z.								YES	NO Z
Ĭ	20o. EXTERNAL CA PRIMARY ☐ or CO		20b. DB	SCRIBE HOW INJURY OCCUR	RED. (Enter noture of injur	ry in Port I or Port II of it	em 1B.)		
E	CAUSE OF DEATH.	NIKIBUTING 🗀							
\$	20c. TIME OF INJ	URY Month, Doy, Yeor	20d. 1	NJURY OCCURRED 20e	PLACE OF INJURY (Home,	, form, 20f. (City o	or town) (	County)	(Stote)
MED	Hour o.r	10	While		foctory, street, office bldg.	., etc.)			
	9.1 L constit	11.	01 WOI		hald an Astronous F	Inquestion &	In aurieu (SE		
			- 1	moins described obove				, and in my	opinion
	deoth resul	ted trom: Natu	ral/causes, 2	Acadent,	Suicide, Homi		mined monner		
	ACTUAL	1 6	/ IY	. /~/	CHIEF MED	DICAL EXAMINER		22. DATE	CICNED
	SIGNATURE	MI	MI	WI	PM. D.	T MEDICAL EXAMINER		ZZ. DATI	. SIGNED
	EXAMINER'S	//	//			AFDICAL EXAMINER			
	NAME (Type)	6hn Kehoe,	M.D.	Riverdale,	Md. Address (	Street, city, town, or coun	ry)	3-30-	67
230	BURIAL, CREMATIO	ON, / 23b. DATE T		23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION	(Gry or Town)	(Sounty)	State)
	REMOVAL (Specify	1 4-3-	-6/	Hat be	arman	H191	I And I	mak P	d
2	4. FUNERAL DIRECTS	or , c		ADDRESS	2So.	REC'D BY REGISTRAR	2Sb. REGISTRAR'S		
4	5 Wash.	naten to	ns 49.	25 Depne	AVENE DA	PR 4 1967	galax	Ces Judge	-
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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

FOR STATE	04061	MEDICAL EXAMINER'S	CERTIFICATE OF	DEATH	04069
HEALTH DEPT.	1. PLACE OF DEATH			here deceased lived, if institution: F	Residence before admission)
≂ 호 8 · ★ ·	a. COUNTY Prince George	* s MARYLAND	o. STATE Mary	and b. COUNTY	Georges
delay is and 3 to M3. Page tment or er death.	b. CITY OR TOWN (If outside carparate limits,		c. CITY OR TOWN (If auts	ide corparate limits, write RURAL a	and give nearest town)
2, and PM3. PM3.	write RUPAL and give pearest town)	D O Ai	Greenbe		16,1
aft	d. NAME OF HOSPITAL OR INSTITUTION (If not	in haspital, give street oddress)	d. SIREEI ADDRESS 9210 Sprin	•	e. IS RESIDENCE
it. If uny delay ges 1, 2, and 3 is form PM3. Pa ate Department haurs after deat	Prince Georges Gene	eral Hospital	9210 Sprin	ignili Lane	ON A FARM? YES NO 2
25 = 2	3. NAME OF DECEASED TORI	Allen Grossma		4. DATE Month OF March	h 18, 19 67.
after de 8. Give F along wi with the within 7	(Type ar print)  S. SEX 6. COLOR OR RACE	7. MARRIED NEVER MARRIED X	8. DATE OF BIRTH	9. AGE (In years IF	UNDER 1 YEAR   IF UNDER 24 HRS
irs afi 18. (ce alo 12 with	female white	WIDOWED DIVORCED	26 Aprl. 1963	3 3 last birthday) Ma	inths Days Haurs Min.
24 haurs in Item 18 r's Office o ss 1 and 2 v	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BÜSINESS OR INDUSTRY None	11. BIRTHPLACE (State of New York	r fareign cauntry)	UCOUNTRY?
il in 1 in in in 1 in in i	13. FATHER'S NAME	110210	14. MOTHER'S MAIDEN NA	IME	
d within 24 in pencil in Examiner's File pages 1 and in any	Thomas Grossman		Carolyn R.	. Wieser	
P.S C E 5	IS. WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.	INFORMANT	Address	
cute ng" dical	(Yes, no, ar unknawn) (If yes give war or dates af	service) no Fa	ather	Same as # 2	
vertificate shauld be executed within 24 writing the ward "pending" in pencil in rwarded ta the Chief Medical Examiner's sed as a burial-transit permit File pages burial, crematian, ar remaval, and in any	18. CAUSE OF DEATH (Enter only one cous PART I. DEATH WAS CAUSED BY:    IMMEDIATE CAUSE (   Q	DROWN	IING		INTERVAL BETWEEN  FOWET MAD BEATH
certifica writing arwarde used as burial,	PART II. OTHER SIGNIFICANT CONDITIONS CO	c)			19. WAS AUTOPSY PERFORMED? YES NO
tiffic Id b Inda rigin	20g. EXTERNAL CAUSE WAS PRIMARY TO CONTRIBUTING CAUSE OF DEATH.	Subject fell in			
= 3 = E = E	Soc. TIME OF INJURY Month, Day, Year p.m. 3/18	20d. INJURY OCCURRED 2 20e. PL	ACE OF INJURY (Hame, farm,	20f. (City ar tawn)	(Caunty) (State)
L EXA cecute Page far yau R:Pag		af the remains described above, h	neld an Autapsy 🔀,	Inspection x, Inquiry	and in my opinio
E exertar. Ped far. Ped far. Cror.	death resulted fram: Natural	causes, Accident 🗷 , Su	icide 🔲, Hamicide [		er 🔲
MECTO director. etained DIRECTO	ACTUAL OF	10/100	CHIEF MEDICAL EX		22. DATE SIGNED
UTY M  ury, ple neral di be ret  RAL D  ar its	SIGNATURE CONTRACTOR	War -		AL EXAMINER L	3/19/67
o DEPUTY MEC. AI EXAM necessary, please execute the funeral directar. Page 4 5 may be retained far your O FUNERAL DIRECTOR: Page Health ar its designated age	EXAMINER'S Dayton O Wa			city, tawn, ar county)	3/19/6/
TO DEPU' necessar the fune 5 may b TO FUNER Health a	23a. BURIAL, (REMATION, Burian) 23b. Date their			23d. LOCATION (City or Tawn) Flushing	(County) (State) New York
	24. FUNERAL DIRECTOR	ADDRESS	2So. REC'D E	BY REGISTRAR 256 REGISTR	PAR'S SIGNATURE
VR A15ME (5) 6M 1/66	Francis Gasch's Sons	Hyattsville, Md.	MAR 2	3 1967 Julian	ces judge

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	0 20 07			CEKTIFIC	AIL	OF DEATH			nane	31	
1. 4	PLACE OF DEATH					2. USUAL RESIDENCE (V	Where deceose	d lived, if institut	tion: Residence	e before odmis	sion)
1	o. COUNTY					o. STATE		b. COU			
	CITY OR TOWN (	Prince Geor	rges	MARYLAN		Mary	land	F 22 22 PH	rince	George	
		autside carparate limits, give nearest tawn)		c. LENGTH OF STAY IN 1	b	c. CITY OR TOWN (If ou	tside corporat	e limits, write RU	RAL ond give	neorest town)	
	MINO MONNE GING	Cheverty		12 day		Laure	e l		/	6.1	
	d. NAME OF HOSPITA	AL OR INSTITUTION (If not	in hospital, gi	ve street oddress)		d. STREET ADDRESS				e. IS RES	
	PrinceGe	eorges Gener	ral Hos	pital		2506	Clark	Ave.		YES	FARM?
	NAME OF	Firs		Middle		Lost	4. DATE	Mon	th	Doy Y	ear
	DECEASED (Type or print)	Naomi		F	H:	aga	OF DEATH	Man	nch	14 19	67
S. :			7. MARRIED [	NEVER MARRIED		DATE OF BIRTH		AGE (In veors	IF UNDER 1	YEAR IF UND	ER 24 HRS.
<b>D</b> .			WIDOWED	DIVORCED	=1	07 4	1007	lost birthdoy) 59 yrs.	Months	Doys Hours	Min.
	male	White (Give kind of work done		D OF BUSINESS OR			1907		12 (17)	ZEN OF WHAT	
	ing most of working i			USTRY		11. BIRTHPLACE (County	& State, at fore	eign country)	COL	INTRY 2	
	hau	semple	h	ume.		Tallo (re	ele 1	Lugar	in	50	A
13.	FATHER'S NAME		1	2	1	4. MOTHER'S MAIDEN N	NAME	1			
	James	es. Win	. ( SL	uler		Fanne	- Cal	heren	i L	uche	20
15.	WAS DECEASED EVE	R IN U.S. ARMED FORCES?	16. \$	OCIAL SECURITY NO.	17. JNF	ORMANT		A Addr	ess (		
(Ye	s, no or unknown)	(If yes give wor or dotes of	service)		Ra	1/2 -			.0	hel	
-	10 CAUSE OF DE	ATH (Enter anly one cause	nos lino for l	a) (b) and (c))	1100	9 10 9	er,	au	7	INTERVAL B	ETWEEN
		H WAS CAUSED BY:	e per line for (	o), (b), ond (c).)	0 (1	hear a	1 0	1 0		ONSET AND	
	112111	IMMEDIATE CAUSE (		orgence	~ "	10001	Jourse	~~			
	7571	DUE-T	0	~ 0		Lla.	1.01				
	Conditions, if ony, rise to immediate	a course (a)	/	1 Corone	ry	1 Mos	VVDas				
	stoting the under				/						
	last.	1 3	() B	las fu	lan	onary	ede	nu.			
	PART II. OTHER SIG	GNIFICANT CONDITIONS CO	NTRIBUTING TO	DEATH BUT NOT RELATE	D TO THE	TERMINAL DISEASE CON	NDITION GIVEN	IN PART I(o)		19. WAS AU	TOPSY
TION		_								PERFOR YES X	NO []
CERTIFICATION	20o. ACCIDENT WAS	HAIDEDLYING [7]	Tank nec	CRIBE HOW INJURY OCCU	DDED /En	ter nature of injuny in	Port Los Port	II of itom 18 )		1 10	110
ERTII	OR CONTRIBUTING	CAUSE OF DEATH	200. DES	CKIDE HOW INJUKT OCCU	KKED. (EII	ter notore or injury in	ruti i ut ruti	ii oi iieiii 16.)			
0 1	(IF EITHER, NOTIFY A										
WEDICAL	20c. TIME OF INJU Hour a.m	RY Manth, Doy, Year				OF INJURY (Home, form , street, office bldg., etc.)		(City or town)	(Cou	nty)	(Stote)
ME	p.m	10	While of work	of work	1001019	, street, office blog., etc.)					
	21. I certif	y that (I) (this hosp	ital) attend	ed the deceased fro	Mar	ch 3, 1	967 nts	March 1	4, 196	7, that (I)	(we) last
	saw the de	ceased alive an Ma	rch 14	196.7, and	that d	leath accurred at	6,20PM	fram causes	and an th	e date state	ed above.
	220. SIGNATURE	77-7	7	,					22b. DA	TE SIGNED	
	6	den	Len	sen	M.D.	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	x Mar	ch 15,	1967
	22c. PHYSICIAN'S	00				22d. ADDRESS			-2714		
	NAME (Type)	Edwin J. J	ensen,	M.D.		Prince Ge	orges	General.	Hospi	tal.Che	verly
230	. BURIAL, CREMATIO			23x. NAME OF CEMETER	Y OP CPI			ATION (City or To			(StoM)
200	REMOVAL (Specify)	7 7	1-	XI COMETER	0	ten	1.13	1	,00	21	7.
24	L FUNERAL DIRECTOR	3-11	-6/	ADDRESS	u	250 DEC'T	BY REGISTR	AD 25hip	ECISTDAD E	GNATURE	-
ZA	L FUNERAL DIKECTU	- 1.	0	ADDRESS	. 79	RAAR		67 250	CENTRA	1	
1	2 will	Donald	200	Lucres	1	7 CF DATE	20 10			D	

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours ofter death. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 shauld be detached for use os the burial-transit permit. Then please remove carbon popers. Pages 1 apd should be filed with the State Dept. of Health prior to burial, cremotion, or removol, and in any event, within 72 hours after death Poge 4 moy be retained by the haspital or ottending physician. VR A15 (4) 25M 1/67

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MEDICAL EXAMINED'S CERTIFICATE OF DEATH

VET A T		UKUU3 IIILDICAL LAAMIINER 3		04062
EPT.		PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived,	if institution. Residence before admission)
o dan bepartment of	(	o. COUNTY Prince George's MARYLAND	Maryland	Prince George's
		b. CITY OR TDWN (If outside corporate limits   C. LENGTH DE STAY IN 16	c. CITY OR TOWN (If outside corporate limits,	
		write RURAL and give nearest town) Cheverly DOA	Hillcrest Heights	16.1
		d. NAME OF HDSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS	e IS RESIDENCE
99				ON A FARM? YES NO 3
1/		Prince George General Hospital  NAME OF First Middle	2803 Keating St.	
	1	DECEASED	OF	
		(Type or print) Edward Mack	Hall DEATH B. DATE OF BIRTH 9. AGE (In	3 30 19 67
	S. :			rthdoy) Months Days Hours Min.
			6 Nov. 1907   59	yrs.
	10o.	. USUAL DCCUPATION (Give kind of work done ing mast of working life, eyen if retired)	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Retired Navy Dept.	Greenville, S. Car	rolina
	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
		Edward H. Hall	Effie E. Butler	
- 1	15.	WAS DECEASED EVER IN U.S. ARMED FORCES?  16. SOCIAL SECURITY NO.  17. I  18. no, or unknown) [(If yes give wor or dotes of service)]	INFORMANT	Address
	(18	s, no, or originally lift yes give wor or dotes of service)	ry F. Hall (Wife) S	Same as Item #2
		IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)		INTERVAL BETWEEN
E		PART I. DEATH WAS CAUSED BY:		minutes
and in any event within 72 hours after deoth.		4200 DUE TO Arteriosclerotic h	heart disease	over 3 yrs.
		Conditions, if ony, which gove ) (b)		
⊆		rise to immediate couse (a), stating the underlying couse DUE TO		
		last. (c)		
		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PAR	RT 1(a) 19. WAS AUTOPSY
d	MEDICAL CERTIFICATION			PERFORMED?
	E	20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HDW INJURY OCCURRED.	(Enter nature of injury in Part I or Port II of ite	em 18.)
	CERT	PRIMARY □ or CDNTRIBUTING □ CAUSE DF DEATH.		
	CAL	20c. TIME DF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLAC	CE OF INJURY (Hame, form, 20f. (City at	r town) (County) (Stote)
(2) (a) (a) (a) (b) (a) (b) (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	MED	Hour o.m. While Not While p.m. 19 ot wark of work	tory, street, office bldg., etc.)	
		21. I certify that I taak charge af the remains described abave, he	Id an Autaney   Inspection	, Inquiry 🔀, and in my apinia
,		death resulted from: Not/Oral couses X, /Accident , Suic		
, noningi		dedili lesoiled item: Notordi couses A, Accident , Soic	CHIEF MEDICAL EXAMINER	milied indilier
		ACTUAL / / / / /		22. DATE SIGNED
2		SIGNATURE THE SIGNATURE	M.D. ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	
2		NAME (Type) John Kehoe, M.D. Riverdale, Mc		3-31-67
0	230	o. BURIAL, CREMATION, / 23b. DATE THEREOF   23c. NAME OF CEMETERY OR		
		Burial Apr. 3-67 Washington		
6.	1		THE T. DUITELE	and Maryland 256. REGISTRAR'S SIGNATURE
1	24	ADDRESS ADDRESS	2Sa. REC'D BY REGISTRAR	Cliarles Juge

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DIVISION OF VITAL RECORDS, Items #11 & 12 CERTIFICATE **BALTIMORE, MARYLAND 21201** 

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OF DEATH

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-	/			920						
1	PLACE OF DEATH O. COUNTY		2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission)  o. STATE Maryland  b. Prince Georges							
	Prince Georges	MARYLAND	o. STATE Maryla							
7	b. CITY OR TOWN (If outside corporate limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If our	tside corporote limits, write RURAL and giv	re neorest town)					
6	write RURAL and give nearest town) Cheverly	20 days	Beltsv	ville	1/0-1					
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, gi	ve street oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?					
4	Prince Georges General Hos	pital	11266	Evans Trail	YES NO					
	3. NAME OF First	Middle	Lost	4. DATE Manth	Doy Year					
ď	DECEASED (Type or print) Edwin	Hami]	Lton	OF March	7 19 67					
١	S. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED 8	. DATE OF BIRTH	9. AGE (In years IF UNDER						
	Male White WIDOWED	DIVORCED	21 Aug., 18		Doγs Hours Min.					
1		ID OF BUSINESS OR DUSTRY	11. BIRTHPLACE (County 8		TIZEN OF WHAT DUNTRY?					
	during most of working life, even if retired) IND Pressman	USTRI	Remington	n. Va.	U.S.A.					
	13. FATHER'S NAME		14. MOTHER'S MAIDEN N	NAME						
	Hugh Hamilton		Mary Cler	mentine Slaughter						
	(Yes, no, or unknown) (If yes give wor or dotes of service)	9-07-2185 M	rs. Elsie V.	. Hamilton , Beltsvi						
	18. CAUSE OF DEATH (Enter only one couse per line for		71	^ -	INTERVAL BETWEEN					
	PART I. DEATH WAS CAUSED BY: ONSET AND DEATH									
	14201 IMMEDIATE CAUSE (o)	4201 DIJE TO 0 5								
	Conditions if any which gave )									
	rise to immediate couse (o),	rise to immediate course (a)								
	storing the underlying couse									
		D DESTRUCTION TO T	UE TERMINAL DISCISE COM	PUTTON CHURN IN PLOT 1/ 1	19. WAS AUTOPSY					
2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	DEATH BUT NOT KETATED TO THE	HE TERMINAL DISEASE CON	DITION GIVEN IN PART I(0)	PERFORMED?					
	CAI				YES NO Y					
	200. ACCIDENT WAS UNDERLYING 20b. DES OR CONTRIBUTING 20b. DES OR CONTRIBUTING 20b. DESTAIN AND ACCIDENT WAS UNDERLYING 20b. DESTAIN AND ACCIDENT WAS UNDERLYING 20b. DESTAIN AND ACCIDENT	CRIBE HOW INJURY OCCURRED. (	Enter noture of injury in F	Port 1 ar Part II of item 18.)	,					
1										
			E OF INJURY (Home, form,		ounty) (Stote)					
	Hour o.m. While of work		ry, street, office bldg., etc.)		1-					
	21. I certify that (1) (this haspital) attend	ed the deseased fram	2-15 1	96 ), ta 3 c ) 19	E that (1) (we'll last					
	saw the deceased alive on 3-6	19 <u></u> 2, and that	death accurred &	.50AM, fram causes and an t	he date stated above.					
	220. SIGNATURE		ATTEMPLIAC		ATE SIGNED					
	Che Dee K	M.D. ATTENDING MED. STAFF DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIVIS. DIRECTOR DIRECT								
	22c. PHYSICIAN'S		22d. ADDRESS							
	NAME (Type) Dr A. Deitz, M.D	•	A CONTRACTOR	WARREN TO THE REAL PROPERTY OF THE PERSON OF						
	23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR C	REMATORY .	23d. LOCATION (City or Town)	(County) (Stote)					
	Burial (Specify) March 8, 1967	Riverview Cer	meterv	Richmond, Virgin	' '' '					
	24. FUNERAL DIRECTOR	ADDRESS		BY REGISTRAR 25b. REGISTRAR'S S	SIGNATURE					
	Ives Funeral Home Arl	ington, Virginia	a MAR I	10 1967 Schanles	Judge					
			10.465.44 9 10	1001 1//	// //					

**TO FUNERAL DIRECTOR:** After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremotian, or removal, and in any event, within 72 hours offer death. O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after deoth Poge 4 may be retained by the hospitol or attending physician.

VR A15 (4) 25M 1/67

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F HE	O F	TH		DEI	E [2]
DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter deoth. If any delay is	, please execute the certificate, writing the word "pending" in pencil in Item 18., Give Pages 1, 2, and 3 ta 🃆	al director. Page 4 should be forwarded to the Chief Medical Examiner's Office diang with form PM3. Poge 🕂	e retained for your files.	AL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages land 2 with the State Department of	in to herial examples or remaind and in any weathin 70 hours offer doubt
DEPU	Cessal	fune	may l	FUNEF	, dil

	05630	MEDICAL EXAMINER'S	CERTIFICATE O	F DEATH	05630	
	PLACE OF DEATH O. COUNTY  Prince George's	MARYLAND	% SIAIE Marylan	Where deceosed lived, if institution bCOUNT	e George's	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Cheverly  DOA			c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Upper Marlboro			
(	NAME OF HOSPITAL OR INSTITUTION (If not in	hospitol, give street oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?	
	Prince George Genera		Box 2375	Leland Rd.		
1	NAME OF First DECEASED Type or print) Ben jam	Middle	Lost [ardesty	4. DATE Month OF DEATH 3	25 19 67	
S. S	, , ,		<ol> <li>bate of birth</li> <li>May 1895</li> </ol>	9. AGE (In yeors lost birthdoy)	Months Doys Hours Min.	
10o.	ale white " USUAL OCCUPATION (Give kind of work done no most of working life, even if retired) Tobacco Farming	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote  Maryland	or foreign country)	12. CITIZEN OF WHAT COUNTRY?	
13.	FATHER'S NAME Benjamin Hardesty		14. MOTHER'S MAIDEN Elizabet	h Chanev		
15	WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes give wor or dotes of sen	16. SOCIAL SECURITY NO. 17. 219-36-7712 1	INFORMANT  MARKANT	Handasty San	ie as Item	
	18. CAUSE OF DEATH (Enter only one couse pe	Heart failure Arteriosclerotic h			INTERVAL BETWEEN ONSET AND DEATH minutes over 2 mo.	
	Conditions, if ony, which gove rise to immediate cause (a), stoting the underlying cause last.  (b) — DUE TO (c)	Arterioscierotic	leart diseas	6	Over 2 mo.	
ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTR	IBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	NDITION GIVEN IN PART I(0)	19. WAS AUTOPSY PERFORMED? YES NO	
MEDICAL CERTIFICATION	20o. EXTERNAL CAUSE WAS PRIMARY □ or CONTRIBUTING □ CAUSE OF DEATH.	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in	Port I or Port II of item 18.)		
MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. p.m. 19	While Not While of work of work	CE OF INJURY (Home, forn tory, street, office bldg., etc.		(County) (State)	
			eld on Autopsy [], cide [], Homicide CHIEF MEDICAL	, Undetermined mo	ry 🔀, ond in my opinic	
	ACTUAL SIGNATURE	10/1	M.D. ASSISTANT MED	ICAL EXAMINER	22. DATE SIGNED	
	EXAMINER'S NAME (Type) John Kehoe, M.	.D. Riverdale, Md.		AL EXAMINER 🔀 t, city, town, or county)	3-26-67	
	BURIAL, CREMATION, 23b. DATE THEREOUS 3/30/6	23c. NAME OF CEMETERY OR Alexandria		23d. LOCATION (City or Tow		
24 <b>R</b>	itchie Bros. Uppe:	r Marlboro, Md.	2So. REC'I		Clarily Judge	

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Aprili 2000. Spear Mari oros Ed.

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Ttem 9 CERTIFICATE OF DEATH 04065 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE b. COUNTY MARYLAND c. LENGTH OF STAY IN 16 CITY OR TOWN (If autside carparate limits, c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) write RURAL and give negrest town e. IS RESIDENCE ON A FARM? d STREET ADDRESS nat in haspital, give street address). YES NO P NAME OF Middle 4. DATE Month Day Year DECEASED (Type or print) 19 6 DEATH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE NEVER MARRIED 7. MARRIED last birthday) Manths Haurs DIVORCED WIDOWED 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & State, or foreign country) during most of warking life, even if retired) COUNTRY? 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME 16. SOCIAL SECURITY NO. INFORMANT Address WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, ar unknown) (If yes give war ar dates of service INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Canditians, if any, which gave rise ta immediate cause (a). DUE TO stating the underlying cause WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20g ACCIDENT WAS LINDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City ar tawn) (County) (State) Hour a.m. Nat While factory, street, affice blda., etc.) at work at wark

saw the deceased alive an 22a. SIGNATURE

22c. PHYSICIAN'S NAME (Type)

21. I certify that (I) (this hospital) attended the deceased from 19.00, 19.

1967, and that death occurred at LIBA. M, from causes and on the date stated above. ATTENDING

PHYS 22d. ADDRESS

23d. LOCATION (City or Town)

22b. DATE SIGNED

23a. BURIAL, CREMATION, BUT Tareify)

23b. DATE THEREOF 3.15.67 23c. NAME OF CEMETERY OR CREMATORY Mt Hebron Cemetery

M.D.

REC'D BY REGISTRAR

(County) Winchester. Virginia

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Page 4 may be retained by the haspital ar attending physician.

After this certificate has been

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crematian, ar remaval,

burial,

State Dept. af Health

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OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death

VR A15 (4) 20 M 1/66

directar, page 3 shaula shauld be filed with the

TO FUNERAL DIRECTOR:

24. FUNERAL DIRECTOR

ADDRESS Lee Funeral Home. 300 4th st N

Wash. DC.

256 REGISTRAR'S SIGNATURE

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AND OF PERSONS AND ASSESSED FOR THE PARTY OF THE PARTY OF

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	040	66		CERT	IFICATE	OF DEATH		04	4065	9.1
	PLACE OF DEATH						Where deceosed lived, if institut	ion: Residence	before admiss	sion)
	o. COUNTY	Prince G	eorge	MA	ARYLAND		yland b. cou	Princ	ce Geo	rge
	b. CITY OR TOWN	(If outside corporate limit	s,	c. LENGTH OF STA	Y IN 1b	. c. CITY OR TOWN (If ou	utside corporote limits, write RU	RAL ond give r	neorest town)	
	Hva	d give neorest town) ttsville		Life		Hya	ttsville		16-1	
	d. NAME OF HOSPI	TAL OR INSTITUTION (If n		give street oddress)		d. STREET ADDRESS			e. IS RES	FARM?
	6705 -	22nd Plac	e			6705 -	22nd Place		YES	NO E
	NAME OF DECEASED (Type or print)		irst ETTA	J Middle	HAR	Lost RINGTON	4 DATE Mon		Doy Y	ear 67
S.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARR		B. DATE OF BIRTH	9. AGE (In years lost birthday)	Months C	YEAR IF UNDI	ER 24 HRS.
I	Female	White	WIDOWED	DIVOR	CED 🔲	Oct. 3, 19	961 5 ost olitilady)	Monnis	DOA2 LIONS	PAUL).
		N (Give kind of work done life, even if retired)		ND OF BUSINESS OR DUSTRY			& State, or foreign country)  ington.D.C.	COUN	TEN OF WHAT NTRY?	S.
13.	FATHER'S NAME					14. MOTHER'S MAIDEN				
	Richa	rd J. Har	ringto	on		Katharin	na Englert			
15.	WAS DESEASED DA	ED IN U.S. ADMED FORSES	1/	SOCIAL SECURITY NO	). 17, 1		ather Add	ame a	s Ite	m 2.
(Y)	es, no orunknown)	(If yes give wor or dotes	of service)	None	Rie		Harrington			
	PART 1. DEA 753 Conditions, if on rise to immedio stoting the under	te couse (o),	(b) (b)		NIT		JOMACE		ONSET AND	DEATHS.
	DADT II OTHER S	ICHIEICANT CONDITIONS	(c)	TO DEATH BUT NOT I	DELATED TO	THE TERMINAL DISEASE CO.	NDITION GIVEN IN PART 1(o)		19. WAS AU PERFOR	JTOPSY
VION		ENERAL		CARNA	-	THE TERMINAL DISEASE CO	nomen of the in take 1(0)		PERFOR YES	NO NO
CERTIFICATION	OR CONTRIBUTING	AS UNDERLYING  G CAUSE OF DEATH MEDICAL EXAMINER)	20b. DE		OCCURRED.	(Enter noture of injury in	Port I or Port II of item 1B.)			
MEDICAL	Hour o.	URY Month, Doy, Yeor m. m. 19	20d. II While ot wor			CE OF INJURY (Home, form ory, street, office bldg., etc.	)	(Coun	ity)	(Stote)
	saw the c	<b>ify</b> that (I) (this ho leceased alive an_	spital) atten	ded the decease	ed fram_ _, and tha		19 <i>61</i> , ta <u>3-2-</u> 1/30A M, from causes	and on the		(we) las ed abave
	22o. SIGNATURE	Warl.	60	Culm	MJ		MED. STAFF DIRECTOR PHYS.	22b. DAT	2/6	7
	22c. PHYSICIAN' NAME (Type	el HAROLOL	3 5	ARRIN	F	22d. ADDRESS 2	Unid GR 517	ypei	45	
230	o. BURIAL, CREMATI	v)		23c. NAME OF C			23d. LOCATION (City or To			(Stote)
-	Burlal	3-0-	-67	Arlin	gton		Arlingto		rginia	a
	4. FUNERAL DIRECT		77. TO	ADDRESS	16.		DATE.	EGISTRAR'S SIG	NATURE	
K	OBERT A	. PUMPHRE	ar, Be	thesda,	Mary	land MAR	1 0 1967	-	10	

dad 2 TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter deoth. Page 4 may be retained by the hospital or attending physicion. **TO FUNERAL DIRECTOR:** After this certificate hos been signed by the attending physician and completely filled in by director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Persould be filed with the State Dept. at Health prior to burial, cremotin, or removal, and it any event, within 72 haums. VR A15 (4) 20 M 1/66

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	Sen Sign et	10 L	40.73	ners - Janeans
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THE

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 DANGE

0406	7		CERTIFI	CATE	OF DEATH			04	066	
PRINCE	GEORGE'S		MARYLA	AND	2. USUAL RESIDENCE (Va. STATE MARY				before odmiss	
	autside carporate limits, give nearest town)	c. Li	ENGTH OF STAY IN DOA		c. CITY OR TOWN (IF au SUITLAN		ate limits, write RURA	L and give r	nearest tawn)	, /
	SPITAL AND		reet oddress)		d. STREET ADDRESS 3001 PEAR	L DR	APT 2	7.5		FARM?
3. NAME OF DECEASED (Type or print)	First DALE		Middle CLAYTON	I H	Lost ARRIS	4. DATE OF DEATH	Month		Day 9	/ear 67
S. SEX MALE		MARRIED	NEVER MARRIED DIVORCED	X    B	DATE OF BIRTH		9. AGE (In years		YEAR IF UND Days Haurs	
	(Give kind af wark done ife, even if retired)	10b. KIND OF INDUSTR	BUSINESS OR Y NA		11. BIRTHPLACE (County PRINCE GE	ORGE		U.S	ZEN OF WHAT NTRY? • A .	
IS. WAS DECEASED EVE	ROY HARRIS RINU.S. ARMED FORCES? (If yes give war or dates of sen NA	rice)	SECURITY NO.		PATRICIA IFORMANT THER		LLE PATT Address .ME AS #2	5	N	
Canditions, if any, rise to immediate stating the under last.	which gove (b)	(SDII	,		S, BILATE				19. WAS AU	
20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY) 20c. TIME OF INJU	UNDERLYING □ □ CAUSE OF DEATH				Enter nature af injury in 1				PERFOR YES V	
20c. TIME OF INJU Haur o.m p.m	RY Manth, Day, Year	20d. INJURY While of wark	OCCURRED  Not While at wark		E OF INJURY (Home, form ry, street, office bldg., etc.)		(City ar tawn)	(Caun	ty)	(Stote)
21. I certif saw the de 22a. SIGNATURE	y that (1) (this haspita ceased alive an 25	l) attended to	he deceased fi	nd that	ATTENDING PHYS.	MED. DIRECTOR	M, fram causes a  STAFF PHYS.	nd an the 22b. DATI 20 ANDR	e date state ESIGNED MARCH	ed abav
23a. BURIAL, CREMATIO REMOVAL (Specify)	N, 23b. DATE THEREON 3/25/67		T. LOGAN		REMATORY CEMETERY	23d. L0	OCATION (City or Town	n) (C		(Stote)
	ROBERT E. WI				25a. REC'D	BY REGIST	PAR 25h REG	ISTRAR'S SIG	NATURE	

VR A15 (4) 20 M 1/66

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6. A THAIL ME JAARS I DWE 

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	04068			M	EDICAL EXAMINER	S'S CE	RTIFICATE O	F DEA	TH	0406	17	
	1. F	LACE OF DEATH	nce George	s	MARYLAN	2.	usual residence (v o. STATE Maryl:	Vhere deced and	ased lived, if institution b. COUN	n: Residence be	fare admissian George	Is
	b	o. CITY OR TOWN (I write RURAL and	f outside carporate limit I give nearest tawn) <b>verly</b>	s,	c. LENGTH OF STAY IN TE	С.	ITY OR TOWN (If au		rate limits, write RUR		rest tawn)	
			AL OR INSTITUTION (If no	at in haspi		d.	STREET ADDRESS	date			e. IS RESIDE ON A FAR	NCE
7		Pri	nce George	's Ho			5220 56th Avenue YES [					
	1	NAME OF DECEASED		rst	Middle	U.	Last	4. DATE OF	26.		O 19 6	
	S. S	Type ar print)	6. COLOR OR RACE	Lph 7. MARR	Sheckles  IED X NEVER MARRIED [		rvey	DEATI	9. AGE (In years	IF UNDER 1 YEA	R IF UNDER	24 HRS.
		male	white	WIDOV			12-15-03		last birthday) Yrs.	Manths Day	s Haurs	Min.
	10a. durii	USUAL OCCUPATION ng mast of warking Ketired	(Give kind of work dane life even if retired)		b. KIND OF BUSINESS OR INDUSTRY farm	1	. BIRTHPLACE (State	ar fareign <b>ylan</b> d		12. CITIZEN		
	13. FATHER'S NAME Franklin Pierce "arvey 14. MOTHER'S MAIDEN NAME Lulie King											
	IS. (Ye	WAS DECEASED EVE s, na, ar unknawn)	R IN U.S. ARMED FORCES? (If yes give war ar dates o	of service)	16. SOCIAL SECURITY NO. 214 03 8226	Paul	ine F. Ha	rvey	Riverda			
			EATH (Enter anly one cou I'H WAS CAUSED BY: IMMEDIATE CAUSE DUE	(a)	e for (a), (b), and (c).)  Heart fa:	ilure					NTERVAL BETW ONSET AND DE MINUT	
		Conditions, if ony, rise to immediate stating the under last.	e couse (a),	(b) TO (c)	Arterios	clero	tic heart	dise	ase		over	3_yr
?	ATION	PART II. OTHER SIG	GNIFICANT CONDITIONS (	ONTRIBUT	NG TO DEATH BUT NOT RELATED	TO THE 1	ERMINAL DISEASE CON	IDITION GI	VEN IN PART I(a)		9. WAS AUTO PERFORME YES N	
	CERTIFICATION	20a. EXTERNAL CA PRIMARY ☐ ar COP CAUSE OF DEATH.		201	b. DESCRIBE HOW INJURY OCCUR	RED. (Ente	nature of injury in I	Part I ar P	art II af item 18.)			
	MEDICAL	20c. TIME OF INJU Hour a.n p.n	10	l v	Od. INJURY OCCURRED 200 While Nat While wark at wark		INJURY (Hame, farm treet, affice bldg., etc.)		(City ar tawn)	(Caunty)	(5	tate)
				e of the	remoins described obove			_		1	nd in my o	pinion
		death result	red from: Norur	al couse	X // Accident,	Suicide	, Homicide CHIEF MEDICAL		Undetermined mo	nner		
		ACTUAL SIGNATURE	John	140	171	M	ACCICTANT MED		INER		22. DATE S	IGNED
2		EXAMINER'S NAME (Type)	John Ke	Hoe,	M.D.		DEPUTY MEDICA Ad. River			3	-11-67	'
		BURIAL, CREMATIC REMOVAL (Specify			67   23c. NAME OF CEMETER Whitfield				OCATION (City or Tow	eorges	Md	ate)
	24	FUNERAL PIRECTO	asch's Sons	s H	yattsville, Mc		MARRET	4 19	67 Jolis	rles Ju	URE	

VR A15ME (5) 6M 1/67

FOR STATE HEALTH (DEP)

TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 haurs after death. If any delay is necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 ta the funeral directar. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with farm PM3. Page

5 may be retained far yaur files.

TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages land 2 with the State Department of Health priar ta burial, crematian, ar removal, and in any event within 72 haurs after learn.

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	DIVISION		ARYLAND STATE DEP ECORDS, 301 W. PREST			201		
0406	_		CERTIFICATI	BOF DEATH	ck	040	38	
1. PLACE OF DEATH a. COUNTY	rince George	e's	MARYLAND	2. USUAL RESIDENCE ( a. STATE Maryl	Where deceased lived, if i	COLINTY	e befare admissian) nce George's	
b. CITY OR TOWN (If outside carparate limits, write RURAL and give neagest tawn)  Cheverly  c. LENGTH OF STAY IN 1b				c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town)  Hyattsville				
	TAL OR INSTITUTION (If no George's Ger			d. STREET ADDRESS 3701	Nicholson S	St.	e. IS RESIDENCE ON A FARM? YES NO	
3. NAME OF DECEASED (Type or print)		rst lerc	Middle W .	Last Hawk	4. DATE OF DEATH	Manth March	Day Year 11, 1967	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 5/9/04	9. AGE (In you 62 ast births	day) Manths yrs.	Days Haurs Min.	
10a. USUAL OCCUPATIO during mast of warking Retired	N (Give kind af wark dane life even if retired) <b>examiner</b>		nd of Business or Dustry Government	11. BIRTHPLACE (County & State, or fareign country)  West Virginia  12. CITIZEN OF WHAT				
13. FATHER'S NAME	mos Hawk			14. MOTHER'S MAIDEN NAME Addie M Mc Calley				
15. WAS DECEASED EV (Yes, na, ar unknawn) <b>no</b>	ER IN U.S. ARMED FORCES? (If yes give war ar dates	of service) 16.	50CIAL SECURITY NO. 17. 7 42 1623	INFORMANT Edith Helen	Hawk Hya	Address ttsville		
PART I. DEA	DEATH (Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE		(a), (b), and (c).)	mori			ONSET AND DEATH	
Conditions, if an	y, which gave	(b) C	Perchal at	Theysolina	ž.		year.	
stating the und	erlying cause	(c)		THE YERMINAL DISEASE CO.	DUDITION CHURAL IN DADT	1/4	19. WAS AUTOPSY	
PART II. OTHER S	SIGNIFICANT CONDITIONS	LONTRIBUTING	TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	JUDITION GIVEN IN PAKT	I(u)	PERFOR MED?	

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20e. PLACE OF INJURY (Hame, farm, (City or town)

(Caunty)

YES

NO

(State)

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year Haur a.m

20a. ACCIDENT WAS UNDERLYING

20d. INJURY OCCURRED Nat While 21. I certify that (I) (this haspital)

EDGREN

23c. NAME OF CEMETERY OR SERVING TORES

George Washington

factory, street, office bldg., etc.)

to March 1967, that (I) (we) last and that death accurred at 2:45 M, from causes and on the date stated above.

saw the deceased alive an 22a. SIGNATURE 22c. PHYSICIAN'S

23b. DATE THEREOF

arch 14, 1967

ATTENDING PHYS. M.D. 22d. ADDRESS

STAFF PHYS. DIRECTOR

23d. LOCATION (City ar Town)

(County) (Stote) Hyattsville Fro Geo Md.

REMOVAL (Specify) 24. FUNERAL DIRECTOR

23a. BURIAL, CREMATION

NAME (Type)

ADDRESS Gasch's Sons Hyattsville, Md.

22b. DATE SIGNED

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death physicion ond completely burial, crematian, or removol, ond in ony signed by the offending physicion of signed by the offending physicion of signed by the please of th director, page 3 shauld be detached for use os the should be filed with the Stote Dept. of Health priar to TO FUNERAL DIRECTOR: After this certificate has been Page 4 may be retained by the hospital or O HOSPITAL

CERTIFICATION

MEDICAL

VR A15 (4) 25M 1/67

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	13 nove/e		and the state of	
	dubray area.	2 to 11/20 7 - 13		
	a Neigh			
distille. St.				
		ATT DEAD AT		
10 TT 100	erid a Va. To Har			
71 144	E MAN E	distant parties 5	ef . Fl. don. hill	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in Arthe Indianal director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any exercit, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

14070

Them #2 a b CERTIFICATE OF DEATH

14059

1.	PLACE OF DEATH		, , , , , , , , , , , , , , , , , , , ,	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)					
P	a. COUNTY		******	a. STATE WALL D. C. b. COUNTY	611011111111				
IF	b. CITY OR TOWN (if outside corporate	limits.	MARYLANO  c. LENCTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL a	and give nearest town)				
0 . 5	write RURAL and give nearest town	)	10 M	1 been endere enderele en en					
14	Yalls Ville	l df t l- 5	I day M OS	H1/4/18/V///////////// Wash.	11/- 3				
	d. NAME OF HOSPITAL OR INSTITUTION	(it not in n	ospital, give street address)	d. STREET AOORESS 4025 Argyle Terrace O. IS RESIDENCE ON A FARM?					
H	yothsville Navsi	na H	um e_	1 6/30/4/ M//4/4/ /// N.W.	YES NO				
3.	NAME OF Firs	it	Middle	Last 4. DATE Month	Oay Year				
	(Type or print) Theodore	Ge	lorge Itei	bronn DEATH March	3 1967				
5.	SEX 6. COLOR OR RACE	7. MARRIEO	NEVER MARRIED	8 DATE OF RIPTH 19 ACE (In years LIFTINGER )					
	MW	WIDOWEO		July 12 1873 9 3 yrs.	Days Hours Min.				
10a	. USUAL OCCUPATION (Give kind of work d	onel 10b. K	INO OF BUSINESS OR	1. BIRT HPLACE (County & State, or foreign country)   12. CIT	IZEN OF WHAT				
dur	Ing most of working life, even If retired		NDUSTRY	100	UNTRY?				
13.	(Relired) - Stewfitt	27		14. MOTHER'S MAIDEN NAME	1.5				
1.1	11.11			ch t					
1	WASSESSEE HEILDR	CNO	COOLST SECURITY NO. 1 17	Christina					
(Ye	. WAS OECEASEO EVER IN U.S. ARMEO FOR s, no, or unknown) [(If yes give war or dates of	service)	SOCIAL SECURITYNO. 17.	INFORMANT Address					
			^	P					
-	18. CAUSE OF DEATH [Enter only one	cause per l	ine for (a), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH				
	PART I. DEATH WAS CAUSEO BY: IMMEDIATE CAUSE (	a) (0	rcinoma.	Cecum	undeterm.				
1	1530 DUE T		1						
- 1	Conditions If any which !				70 1-1650				
	gave rise to Immediate	b)							
	cause (a), stating the DUE T								
Z		C)	ITING TO OFATH DUT NOT DEL	ATEO TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a)	119. WAS AUTOPSY				
E	Λ ,		1	,	PERFORMEO?				
FIC/	Arteriuscleroti	_	ardiorascula		YES NO				
CERTIFICATION	20a. ACCIOENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF OFATI (IF EITHER, NOTIFY MEDICAL EXAMIN		DESCRIBE HOW INJURY OCC	URRED. (Enter nature of Injury in Part I or Part II of Item 18.)					
	20c. TIME OF INJURY Month, Oay, Y	1	NJURY OCCURRED   20e. PL	ACE OF INJURY (Home, farm,   20f. (City or town) (Cour	nty) (State)				
MEDICAL	Hour a.m.	While		ory, street, office bldg., etc.)	(51010)				
ME	p.m. 19	at worl	at work						
	21. I certify that (I) (this hospi	tal) attend	cu the deceased nom_	NOV 22, 1966, to present, 19					
	saw the deceased alive on		19, and that	at death occurred at M. from the causes and on th	e date stated above.				
	22a. SIGNATURE	1		ATTENDING SAFO CTAFF	TE SICNEO				
	Mullin J. S	sedme	~ . M.	O. PHYS. MEO. STAFF PHYS.					
	22c. PHYSICIAN'S NAME (Type)	0	200	22d. ADDRESS					
	William T- Simp	son	100	6216 N.H. are N.E.					
23a	BURIAL CREMATION, 23b. DATE TI	HEREOF	23c. NAME OF CEMETER	Y OR CREMATORY   23d. LOCATION (Gity, town or coun	nty) (State)				
	REMOVAL (Specify) 3-7-	67	st. Ma	ry's doen, Wash, DC					
24.	. FUNERAL DIRECTOR	1	ADDRESS /	25a. REC'D BY RECISTRAR 25b. REGISTRAR'S	SICNATURE				
	Howlon Funanci	HON	P 4748	MAR 1 5 1967 Schanles	Judges				
	MANION DUELA	1100	c we it	UNIE!					

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

04071

CERTIFICATE OF DEATH

04070

				0 20 0					
1. PLACE OF DEATH				ere deceased lived, if institution: Reside					
"PRINCE GEORGE'S		MARYLAND	"MÄRYLANI	PRINCE	GEORGE'S				
b. CITY OR TOWN (If outside corporate limits,		c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest tawn)						
write RURAL and give negrest town) ANDREWS AF BASE		3 DAYS	FORRESTVILLE /6,/						
d. NAME DF HOSPITAL OR INSTITUTION (If nat i	n haspitol, g	ive street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?				
USAF HOSPITAL AN	DREWS		7483 KEYSTONE LANE, APT 203YES NO						
3. NAME OF First		Middle		4. DATE Manth	Doy Year				
(Type or print) KRIS		/11/12/	ILBRUN	DEATH MARCH 22	196 7 FR 1 YEAR   1F UNDER 24 HRS.				
S. SEX 6. CDLDR OR RACE	7. MARRIED	L METER METER ALA	B. DATE OF BIRTH	lost birthday) Manths					
FEMALE CAU	WIDOWED		2.0 MARCH 19		CITIZEN OF WHAT				
10a. USUAL OCCUPATION (Give kind af wark dane during most af warking life, even if retired)		ND OF BUSINESS OR DUSTRY	11. BIRTHPLACE (County & :	(	COUNTRY?				
NA 13. FATHER'S NAME		NA	PRINCE GEO	DRGE'S, MD.	USA				
EDWARD HEILBRUN  15. WAS DECEASED EVER IN U.S. ARMED FORCES?	14 (	SOCIAL SECURITY NO. 17. I	JOAN CEO	CILIA ALADICS  Address					
(Yes, no, or unknown) (If yes give war or dotes af s									
NO  1 1B. CAUSE OF DEATH (Enter only one cause	nor line for		FATHER	SAME AS #2	INTERVAL BETWEEN				
PART I. DEATH WAS CAUSED BY:	CAL	RDIAC ARREST			ONSET AND DEATH				
IMMEDIATE CAUSE (a	1	ADING MARKEDI							
Conditions, if ony, which gave ) (h		BABLE ELECT	ROLYTE TMB	ALANCE	30 HRS				
rise to immediate couse (o), Stating the underlying couse									
last. (c	SEF	STS AND REN	AL FATLURE						
PART II. OTHER SIGNIFICANT CONDITIONS COM	TRIBUTING T	O DEATH BUT NOT RELATED TO 1	THE TERMINAL DISEASE COND	ITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO				
20g. ACCIDENT WAS UNDERLYING	20b. DF	SCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Pa	art I or Part II of item 18.)	1 12 11 11 11				
20g. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)									
20c. TIME OF INJURY Manth, Day, Year Haur o.m.			CE OF INJURY (Hame, farm, ary, street, office bldg., etc.)	20f. (City or town)	County) (State)				
p.m. 17	While at wark	at work							
21. I certify that (⅓) (this haspi			19 March, 19	67, to 22 March 19	9_6_7 that \(\)(we) last				
saw the deceased alive on 22	Marc	2h 19_67, and tha	t death accurred at	OOTM, fram causes and an					
220. SIGNATURE	y	Cake M.	D. PHYS. $\square$ D	IFD. — STAFF	DATE SIGNED  2 March 67				
22c. PHYSICIAN'S HERRICK J	AY CO	OHEN	22d. ADDRESS USA	AF HOSPITAL AN	DREWS				
CAPT USAF	MC_		ANDREWS	AFB, WASH DC	20331				
23a. BURIAL, CREMATION, 23b. DATE THER		23c. NAME OF CEMETERY OR		23d. LOCATION (City or Town)	(County) (State)				
	1	ARLINGTON N			VIRGINIA				
BERNARD DANZANSKY	AND S	ONS WASHING:	ION DOMAR 2	REGISTRAR 25 CEGISTRAR	3 July 1				

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and shauld be filed with the State Dept. af Health priar ta burial, cremation, or removal, and in any event, within 72 haurs after deal shauld be filed with the State Dept. af Health priar ta burial, cremation, or removal, and in any event, within 72 haurs after deal Page 4 may be retained by the haspital or attending physician.

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## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, PRESTON STREET, BALTIMORE, MARYLAND 21201

04072

# MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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ofter c	8. Give	along \	/	with/th
hours	Item 1	Office		lond 2
n 24	u.	ner's		ges
with	penc	xamir		ile po
xecuted	ie execute the certificate, writing the ward "pending" in pencil in Item 18. Give Poges 1, 2, and 3 to 🕇	uneral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with farm		AL DIRECTOR: Page 3 should be used as a burial-tronsit permit. File pages 1 and 2 with/the State Departm
pe e	ed.	hief		onsit
should	e ward	the Cl		urial-tr
ote	g th	ed to		q ò
certific	writin	rward		used as
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KAM	te th	le 4	/our	age
AL E)	xecu	. Pag	far	DR: P
MEDICA	olease e.	director.	etained	DIRECT
TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any delay is	ecessary, please	funeral .	5 may be retained far	UNERAL
0	ne	the	2	0

Health prior ta burial, cremation, ar removal, and in any event within 72 hours after death. 5 may be retained far your files.

VR A15ME (5) 6M 1/67

T. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, if institution: Reside a. STATE b. COUNTY	
Prince George s MARYLAND  b. CITY OR TOWN (If outside carporate limits, c. LENGTH OF STAY IN 1b	Maryland Prince G	eorge's
write RURAL and give nearest town)	C. CITY OR TOWN (IT autside carporate limits, write KUKAL and gi	ve nearest tawn)
Riverdale DOA	Brentwood	16-1
d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
Leland Memorial Hospital	3713 Taylor Street	YES NO X
3. NAME OF First Middle DECEASED	Last 4. DATE Manth OF	Day Year
(Type or print) Albert Raymond	Hennies DEATH 3	30 19 67
S. SEX 6. COLOR OR RACE 7. MARRIED 🙀 NEVER MARRIED 🗌	B. DATE OF BIRTH 9. AGE (In years IF UNDE last birthday) Manths	R I YEAR   IF UNDER 24 HRS.   Days   Hours   Min.
male white WIDOWED DIVORCED	19 April 1901 65 Yrs.	Days Hours Hill.
10o. USUAL OCCUPATION (Give kind of wark dane 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. (	CITIZEN OF WHAT
during most of working life, even if retired)  Yardmaster  R. R.	Virginia	OUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Carl Frederick Hennies	Lela Ann Holland	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address	
(Yes, na, ar unknawn) (If yes give war ar dates of service)	Illiam E Hannied	
1 B. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).)	illiam F. Hennies	INTERVAL BETWEEN
PART I DEATH WAS CAUSED BY		ONSET AND DEATH
IMMEDIATE CAUSE (o) Heart failure		
Arcerioscierocic	heart disease	over 1 yr.
Conditions, if any, which gave (b)		
stoting the underlying cause DUE TO		9/1
last. (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
Diabetes - over 10 vrs.		YES NO
≅ 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED.	. (Enter nature of injury in Part I or Part II of item 18.)	
FRIMARY Or CONTRIBUTING CAUSE OF DEATH.		
20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Hame, farm, 20f. (City ar tawn) (C	aunty) (State)
Haur a.m. While Not While for	ctary, street, affice bldg., etc.)	
p.m. 19   atwark   atwark   21.   certify that I took charge of the remoins described obove, h	neld on Autopsy , Inspection x, Inquiry x,	ond in my opinion
	icide . Homicide . Undetermined monner	
dealif resorted from. Jordior dages [24], Accident [1, 30]	CHIEF MEDICAL EXAMINER	_
ACTUAL DE ACTUAL		22. DATE SIGNED
SIGNATURE	DEDUTY MEDICAL EXAMINED	
EXAMINER'S John Kehoe, M.D. Riverdale, Me	Address (Street, city, tawn, ar caunty)	3-31-67
23a BURIAL, CREMATION, 73b. DATE THEREOF 23c. NAME OF CEMETERY OR	R CREMATORY 23d. LOCATION (City or Town)	(Caunty) (State)
Burial 4/3/67 Fort Line	oln Bladensburg	Md
24. FUNERAL DIRECTOR ADDRESS		SIGNATURE
Lee Funeral Home Washington, D.	C. 250 RECID BY REGISTRAR 255 REGISTRAR'S	SIGNATURE SUCCESSION OF SUCCES

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

04073

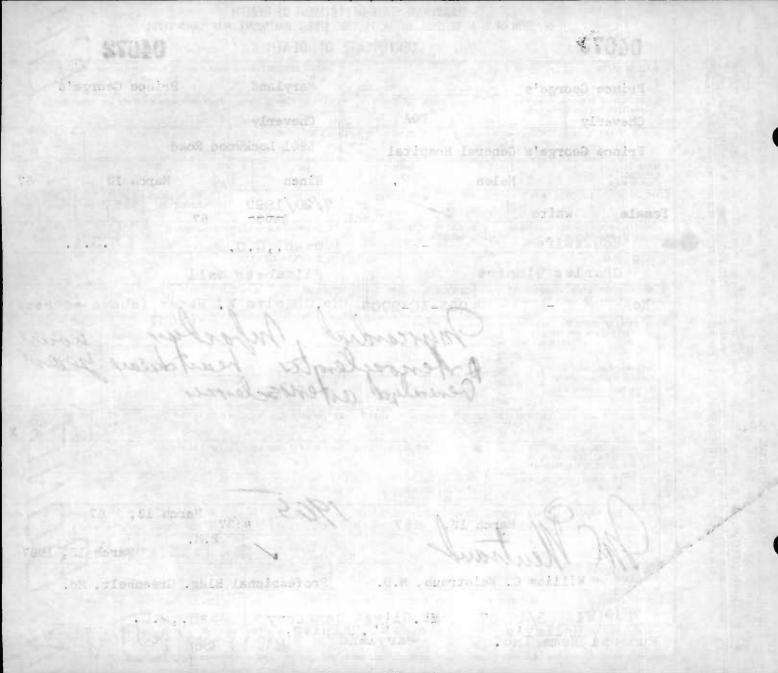
CERTIFICATE OF DEATH

04072

1. PLACE OF DEATH	George's		MARYLAND	2. USUAL RESIDENCE o. STATE Marylan	(Where deceosed live	Prince		
	(If outside corporate limit	is.	c. LENGTH OF STAY IN 1b		outside corporate limi			
write RURAL of	and give nearest town)		DOA			,	4.6	
Chever	PITAL OR INSTITUTION (If n	at in basnital		d. STREET ADDRESS	Ly		16-	. IS RESIDENCE
					ockwood Ro	24		ON A FARM?
	e George's G			3301 10			I Y	res No
3. NAME OF DECEASED (Type or print)		irst l <b>elen</b>	Middle F •	Lost H <b>ine</b> s	4. DATE OF DEATH	Month March	Doy	Year 19 <b>67</b>
S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH 18	9. AGE			IF UNDER 24 HRS.
Female	white	WIDOWED	DIVORCED	7/20/18		birthdoy) Mont	hs Doys	Hours Min.
10o. USUAL OCCUPATI during most of working	ON (Give kind of work done ng life, even if refired)		IND OF BUSINESS OR IDUSTRY		nty & Stote, or foreign co		2. CITIZEN OF COUNTRY? A	
13. FATHER'S NAME				14. MOTHER'S MAIDE	N NAME			
Cha	arles Widn	ire		Elizab	eth Wall			
IS. WAS DECEASED E	VER IN U.S. ARMED FORCES?	16.	SOCIAL SECURITY NO. 17.	INFORMANT	A 14 1 2 10	Address		
(Yes, no or unknown	(If yes give wor or dotes	of service)	53-18-2009	Mr.Charl	es W. Hi	nes (ab	ove a	ddress
Conditions, if or rise to immediatoting the unclost.	ny, which gove ote couse (o), derlying couse	10 (b) 10 (c)	Aenosel eneralgod a	enotes extenses	Mack hear	Thetar	o ye	ET AND DEATH
CATION			TO DEATH BUT NOT RELATED TO				-	WAS AUTOPSY PERFORMED? S NO
OR CONTRIBUTION (IF EITHER, NOTIL	VAS UNDERLYING ☐ NG ☐ CAUSE OF DEATH FY MEDICAL EXAMINER)	20b. DE	SCRIBE HOW INJURY OCCURRED.	(Enter noture of injury	in Port I or Port II of	item 1B.)		
Hour.	p.m. 19	While of wor	k Not While for	CE OF INJURY (Home, for		or town)	(County)	(Stote)
saw the	deceased plive an M	pital) attendarch 1	ded the deceased from_ 19 <u>67</u> , and tha	t death accurred	at 4:37 M, from	n causes ond a	n the date	stated abave
200. SIGNATUR	Men	tran	M	D. ATTENDING PHYS.	MED. DIRECTOR		DATE SIGNE	, 1967
22c. PHYSICIAN NAME (Ty	oe) William C	. Weint	raub, M.D.	22d. ADDRESS Professi	onal Bldg	. Greenbe	lt, Mc	1.
230. BURIAL, CREMA	TION, 23b. DATE TH	IEREOF	23c. NAME OF CEMETERY OR			(City or Town)	(County)	
REMOVAL (Spec	Mal 3/16	167	Mt.Olivet	Camatary	Wash	D.C.	, , , , ,	
	TOR Nalley's		ADDRESS Mt RE	ainien 250. RE	C'D BY REGISTRAR	25b REGISTRA	R'S SIGNATURI	Elean
Funera	1 Home In	C.	Marylan	d	7 1 7 1067	Tollar	CRO YM	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages Fand shauld be filed with the State Dept. af Health priar ta burial, crematian, ar remaval, and in any eyent, within 72 haurs after death VR A15 (4) 25M 1/67



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	040	74		CERTIFICATE				04	073			
(		nce George'		MARYLAND	2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) o. STATE Maryland b. COUNTPrince George's							
	write RURAL on	(If outside corporate limits		c. LENGTH OF STAY IN 1b  12 1/2 hrs	161							
		TAL OR INSTITUTION (If no George's Ge			1210 30th Street						ON A FARM?	
(	NAME OF DECEASED (Type or print)		gar	Middle K. R	Lost Hodges	4. DATE OF DEATH	Marc	ch	26	Yes 19	67	
6. :	Male Male	6. COLOR OR RACE  Cauc.	7. MARRIED 3	NEVER MARRIED   8	9-25-94	9	AGE (In years last) birthdoy) yrs.	IF UNDER Months	Doys Doys	Hours	Min.	
10o. duri	. USUAL OCCUPATION mg most of working	N (Give kind of work done life, even if retired) D - Loo H	10b. KIN	D OF BUSINESS OR USIRY Retired	11. BIRTHPLACE (Count Wash.,		reign country)	12. CI CC	TIZEN OF	WHAT		
13.	FATHER'S NAME	George H.			14. MOTHER'S MAIDEN Mary					14		
		R IN U.S. ARMED FORCES?	f corvice)	OCIAL SECURITY NO. 17. 11 577-03-9939	Mrs.Ann	ie Ho	Addr dges (a	ess bove	ad	dres	ss)	
	PART I. DEA	EATH (Enter only one cous TH WAS CAUSED BY: IMMEDIATE CAUSE)	se per line for (			(Win				RVAL BET SET AND D		
	Conditions, if ony	te couse (o),	(b) (2) -	Severe malin	trition e	hron	ie .					
	stoting the unde	riving couse	(c)									
CERTIFICATION	PART II. OTHER S	IGNIFICANT CONDITIONS CO	ONTRIBUTING TO	DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CO	ONDITION GIVE	N IN PART 1(o)		1	WAS AUTO PERFORM S		
		S UNDERLYING  G CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCURRED. (	Enter noture of injury in	Port I or Por	t II of item 18.)					
MEDICAL	Hour o.	URY Month, Day, Yeor m. m. 19	20d. IN. While of work		E OF INJURY (Home, for ry, street, office bldg., etc		(City or town)	(Co	unty)	(	Stote)	
21. I certify that (1) (this haspital) attended the deceased fram 3-26, 19 67, ta 3-26 saw the deceased alive an 3-26 19 67 and that death accurred at 10:10%, fram causes								, 196 and an t	7, th	at (I) ( e stated	we) las I abave	
	22o. SIGNATURE	R	Fran	ely' M.D		MED. DIRECTOR	STAFF PHYS.	22b. D	ATE SIGN	67		
	22c. PHYSICIAN'S NAME (Type		AANCHT	M.D.	22d. ADDRESS 7729 F	inns	Lane L	anhan	n M	nd		
230	BURIAL, CREMATI	ON, 23b. DATE THE		23c. NAME OF CEMETERY OR C			CATION (City or To	,	(County	(S	tote)	

2Sb. REGISTRAR'S SIGNATURE

Maryland t

·Rainier 250. REC'D BY REGISTRAR

DANIAR

3

1967

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages—add shauld be filed with the State Dept. af Health priar ta burial, crematian, ar remaval, and in any event, within 72 haurs after the other. VR A15 (4) 20 M 1/66

DIRECTOR

Funeral

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital ar attending physician.

DEOX4 a entre leaning in 12-1/2 bro Mt. Winder Editar Seria III (Seria 26) Finde Goorge's General Houghtal 1919 30th Street TOTAL POST DESCRIPTION OF THE PROPERTY OF THE Laborate Institutional Company of the Company of th TELES COLUMN TO THE STATE OF TH COMMENTS OF THE PARTY OF THE PA Tage of Early and The Control of the

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
04075

CERTIFICATE OF DEATH
04074

	O TO TO	0.20	9 2
1.	PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Re	esidence before admission)
	De 200 (O 200 200 MARYLAND	maryland b. county	6-11-11
	b. CITY OR TOWN (if outside corporate limits,   c. LENGTH OF STAY IN 1b		and give nearest town)
	write RURAL and give nearest town)	1/	1
	Riverdale	HyatTSUILE	10-1
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
	Eugene Leland Memorial	11 1 1 COMBROATER	YES NO NO
3.	NAME OF First Middle	Last 4. DATE Month	Day Year
	(Type or print)	Noward DEATH 3	5 1967
5.	SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years   IF UNDER	
1	Mole WIDOWED TO DIVORCED TO	7-/6- 8/	Days Hours Min.
Ins	a. USUAL OCCUPATION (Give kind of workdone   1Db. KIND OF BUSINESS OR	, yis.	TIZEN OF WHAT
dur	ing-most of working life, even If retired) INDUSTRY		UNTRY?
	Painter Beticed	Wash, D.C. a.	S.H.
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
- (	George Howard.	Symphronia Simpson	
	. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.	. INFORMANT Address	AC H
(1)	us, no, or unknown) (If yes give war or dates of service)	Wife ELEANOR HOWARD Some	AS#2
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	WITE,	INTERVAL BETWEEN
		CCLUSCIAN	ONSET AND DEATH
	IMMEDIATE CAUSE (a)	CCLUSION	IMMEDIATE
	4201 DUE TO C		10
	Conditions If any which \ (3CN: ARITERII	OSCLEROSCS	UNKNOWN
	gave rise to Immediate		
	cause (a), stating the DUE TO		
~	underlying cause last. (c)		LAG WAS AUTODOV
9	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RE	LATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
CA			YES NO NO
=	20a. ACCIDENT WAS UNDERLYING     20b. DESCRIBE HOW INJURY OCC	CURRED. (Enter nature of injury in Part I or Part II of Item 18.	)
CERTIFICATION	OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
		LACE OF INJURY (Home, farm, 1 20f. (City or town) (Cou	ntv) (State)
2	fac	LACE OF INJURY (Home, farm,   20f. (City or town) (Cou tory, street, office bidg., etc.)	iity) (ototo)
MEDICAL	Hour a.m. While Not While at work at work		
-	21. I certify that (i) (this hospital) attended the deceased from	10 -27 1964 to 3 - 5 196	Z that (I) (we) last
	saw the deceased alive on 2 2 1967, and the	at death occurred at 5 A M, from the causes and on the	
	22a. SIGNATURE		ATE SIGNED
		I.D. ATTENDING MED. STAFF DIRECTOR PHYS.	. 5-67
	22c. PHYSICIAN'S	22d. ADDRESS	1 0
	NAME (Type) C.J. HOUMANN,	RIVERDALE	MD.
23		RY OR CREMATORY   23d. LOCATION (City, town or cou	inty) (State)
	REMOVAL (Specify)	CEMETERY BLADENBURG, MD.	
	BORIAL MAR. 8 7761 FT. LINCOLIN ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR	S SIGNATURE
		1118 8: 1007 Marle	
C	U.W. CHAMBERS CO. RIVERDALE.		0 0

VR AI5 (4) 2DM 1/65

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1. PLACE DF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission
a. COUNTY PRINCE Georges MARYLAND	a. STATE MARYLAND b. COUNTY PRINCE Georges
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tow
MARLOW HEICHTS 412 Years	MARLOW HEIGHTS 16-1
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS 0. IS RESIDENCE
	6204-DAllas Place VES NO D
3. NAME DF First MIddle	Last 4. DATE Month Day Year
	SCONE DEATH MARCH 31 1961
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HI   I   I   I   I   I   I   I   I   I
remale white widowed Divorced	Nov. 10, 1889 77 yrs.
1Da. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  1Db. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
HOUSE WIFE -	ITALY U.S. A
13. FATHER'S NAME	14. MDTHER'S MAIDEN NAME
JOHN BATTISTA	ROSA
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITYNO.   17. (Yes, no, or unknown)   (If yes give war or dates of service)   17.	INFDRMANT Address
NO 579-05-0682 K	ATHERINE LASCONE. Same
18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEE
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CONGESTIVE	Heart Failure 2 month
4200 DUE TO 0	6 to 7
Cenditions, If any, which ) ARTERIOSEL	erotic Heart Disease 10 year
gave rise to Immediate (	
underlying neuro leet	
	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)   19. WAS AUTOPS
PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELL  DIABETES MELLITUS  2Da. ACCIDENT WAS UNDERLYING DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  2Da. ACCIDENT WAS UNDERLYING DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	PERFORMED?
2Da. ACCIDENT WAS UNDERLYING DOR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	URRED. (Enter nature of Injury In Part I or Part II of Item 18.)
3 20c. TIME OF INJURY Month, Day, Year   2Dd. INJURY OCCURRED   20e. PLA	CE OF INJURY (Home, farm, 20f. (6tly or town) (County) (State)
Mulle Liver write	pry, street, office bldg., etc.)
	March 1067 to Mar 30 1067 that 11) (40) 1
saw the deceased alive pn MAR. 30 1967, and tha	MARCH, 1962, to MAR. 30, 1967, that (I) (we) lated the detection of the date stated above.
22a SIGNATURE 7	22b. QATE SIGNED
Max & Feldman Wed M.	D. ATTENDING MED. DIRECTOR DIPHYS. 33167
22c. PHYSICIAN'S NAME (Type) May E E T D 140 b / M	22d. ADDRESS
NAME (Type) MAX E. FELDMAN M.	D 5721- 1emple HIIIs Road count
23a. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETER	Y OR CREMATORY   23d. LOCATION (City, town or county) (State)
23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER BURIAL 4/3/67 CEDAR HILL C	EMETERY PRINCE GEORGES, MARYLAND
24. FUNERAL DIRECTOR ROBERT E. WILHELM TUNERAL HO	The state of the s
RODERI E. WILHELM FUNERAL HO	DAAPR 3 1967 Achianles Judge.
4308 SUITLAND ROAD, SUITLAND, MARYLAND	DATEPR 3 1967 Clearles Judge.

VR AI5 (4) 20M 1/65 THE PARTY OF THE P

			Division of STATIST	ICAL RESEA	ARCH AND RECO	DRDS, 301	W. PRESION STR	REET, BALTIMORE,	MARYLAI		
(M)		04077			CERTI	FICATE	OF DEATH			04	1076
physician. signed by the attending physician and completely filled in by the funeral burial-transit permit. Then please remove caban papers. Pages 1 and 2 burial, cremation, or removal, and in any event, within 72 hours after death		PLACE OF DEATH a. COUNTY	nce Georg		MA	RYLAND	2. USUAL RESIDENCE a. STATE Per	(Where deceased lived, nnsylvani	, if institution: <b>a</b> b. COUNTY	Residence befo	re admission)
offe ne f jes offe		b. CITY OR TOWN	If outside corporate limits	es	c. LENGTH OF STAY		c. CITY OR TOWN (If	outside corporate limits	, write RURAL	ond give neare	est tawn)
executed within 24 hours ofter of completely filled in by the further carbon papers. Pages I ony event, within 72 hours ofter	1	Greenbe	aggitte nearest tawn)		1020		Cheste			75-	3
in ers.			TAL OR INSTITUTION (If no				d. STREET ADDRESS				e. IS RESIDENCE ON A FARM?
lled opposed in 7	G:	reenbel	t Convale	scent	Center		24th 8	: Crosby	Sts.		YES NO
iff if if if	3.	NAME OF G	reenbert Fin	rst Ca	Middle		Last	4. DATE	Manth	Do	Year Year
* to o		DECEASED (Type or print)	Je	sse	W.		Jester	OF DEATH Ma	rch 9	. 196	7 19
ave de la	S.		6. COLOR OR RACE	7. MARRIED	NEVER MARRI	ED B	B. DATE OF BIRTH	9. AGE (I	n yeors	FUNDER 1 YEAR	IF UNDER 24 HRS.
e Se A	1	male	white	WIDOWED	DIVORC	ED 🔲	4/28/90	76	yrs.		
and red	10a	. USUAL OCCUPATIO	N (Give kind of work done	10b. KI	ND OF BUSINESS OR		11. BIRTHPLACE (Count	y & State, ar fareign cau	intry)	12. CITIZEN C	F WHAT
te {	A	ccounta	life, even if retired) nt & offi	cer Ma	anager-		Chester	. Pa.		U.S	. A .
fica ysic ple ol, o	13.	FATHER'S NAME		Aberi	Coyle Mf	g. C	014. MOTHER'S MAIDEN	NAME			
ph hen hen	A:	lfred W	illiam Je	ster		0	Sarah	E. Knott			
th of ding	15.	WAS DECEASED EV	ER IN U.S. ARMED FORCES?		SOCIAL SECURITY NO.		NFORMANT		015 V	on Farm	ren St.
deo ten mit or	(16	s, no, or unknown)	(If yes give wor ar dates o	1 service)	95-05-42	06 W	alter H.	Jester II	niven		Park. Mc
requires that the deoth certificate be g physician. n signed by the attending physicion ar e burial-transit permit. Then please ra o burial, cremation, or removol, ond in		18. CAUSE OF D	EATH (Enter anly one cau TH WAS CAUSED BY:	se per line far	(a), (b) and (c).)		-00	A .		IN	TERVAL BETWEEN NSET AND DEATH
that In. by t ans rem		3347	IMMEDIATE CAUSE	(0)	100	ne	rafi Un	almon	ia		1 July
The law requires the ottending physician has been signed by the act the burial-train harior to burial, cre		Conditions, if one	DUE, which gave	to Oa	ertial (1)	lesui	nolon	Parales	1111	2	Bueeks
phy phy sigr bur bur		rise ta immedia	te cause (o),	( /	1 1		No.	M	The same		
The law restricted options of the law restricted of the law seen is a seen the harior to		stating the under	erlying cause	(a) Seul	re arteres	eraler	the crepro	voisiler	due	cerl.	
e la tenc is b as as prio		PART II. OTHER S	IGNIFICANT CONDITIONS C	ONTRIBUTING T	O DEATH BUT NOT R	ELATED TO T	THE TERMINAL DISEASE CO	ONDITION GIVEN IN PA	RT 1(a)	19	P. WAS AUTOPSY PERFORMED?
	TION										YES NO NO
AN: ol ol cate or de	CERTIFICATION	20a. ACCIDENT WA	S UNDERLYING 🗆	205. DES	SCRIBE HOW INJURY	OCCURRED.	(Enter nature of injury in	Part I ar Part II of its	em 18.)		<u> </u>
DING PHYSICIAN: The by the hospital or of the this certificate has be detached for use State Dept. of Health		OR CONTRIBUTING	CAUSE OF DEATH	516.79							
S PHYSIC the hospin this certi detached e Dept. of	MEDICAL	20c. TIME OF IN.	URY Month, Doy, Year		IJURY OCCURRED		E OF INJURY (Hame, fai		r tawn)	(Caunty)	(State)
the Det	MED	Haur o.	m. m. 19	While at work		facto	ary, street, affice bldg., et	c.)	Λ		
by Affer be Stol			ify that (1) (this hos		ed the decease	d from	Winesons.	19.67. ta 91	arch	1967,1	that (I) (we) los
R. hed			eceased alive on_	3/Mura	1967	and that	death accurred o	t/b PM, fram	causes an	d an the da	ite stated above
OR ATTENDING be retained by th DIRECTOR: After 19 3 should be d led with the Stote	н	229. SIGNATURE	101	. /			ATTENDING	MED. S	TAFF	22b. DATE SIG	NED /
OR De r	Н	WA	nalus	mid	1	M.D	). PHYS.	DIRECTOR P	HYS.	10/40	uch 1961
Moy RAL Page file be file		22c. PHYSICIAN' NAME (Type	William	A.V	limsett	MD	34/5 H2	milton St,	Hyath	sville	Md.
OSP JNE ctor uld	230	. BURIAL, CREMATI	ON, 23b. DATE THI	REOF	23c. NAME OF CE	METERY OR (	CREMATORY	23d. LOCATION	(City or Town)	(Count	y) (State)
O HOSP Page 4 O FUNEI director shauld		REMOVAL (Specif	3/10		Cheste	r Run		Chest			
	24	FUNERAL DIRECT	)R	000	1 1APORESS	S+ 1	T Ivi 250. REC	D BY REGISTRAR	254 AEGIS	TRAC'S SIGNATA	PECC
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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remaye carban papers. Pages 1 and 2 should be filed with the State Dept. at Health priar ta burial, crematian, ar remayal, and in any event, within 72 haurs after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after deat Page 4 may be retained by the haspital ar attending physician.

> VR A15 (4) 25M 1/67

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	0407	()		CEIVII	IICAIL	OF DEATH			- 11/4/	177	
	PLACE OF DEATH					2. USUAL RESIDENCE (V	here deceosed				
(	o. COUNTY Pr	inceGeorges	3	MA	RYLAND	o. STATE Maryla	and	Pr	vinceGeo	orges	
ŀ	. CITY OR TOWN (	(If outside corporate limi		c. LENGTH OF STAY	/ IN 1b	c. CITY OR TOWN (If ou	tside corporote				
	Ch	d give neorest town) everly		65 days		Carmon	dy HI1	ls	16	-/	
C	NAME OF HOSPIT	TAL OR INSTITUTION (If n	ot in hospitol,			d. STREET ADDRESS				e. IS RESIDEN ON A FARA	ICE M2
1	PrinceGe	orges Gener	ral Hos	spital		222 7	73td S	treet			0 🔲
	NAME OF DECEASED Type or print)		irst th <b>ryn</b>	Middle L	(	Lost Jewell	4. DATE OF DEATH	Mont Mar		Doy Year	67
5. 5		6. COLOR OR RACE	7. MARRIED		IED   B.	DATE OF BIRTH	9. 4	GE (In yeors	IF UNDER 1 YE	EAR   IF UNDER 24	4 HRS.
F	emale	White	WIDOWED		- 5	2 Dec., 192		ost birthdoy) 43 yrs.	Months D	oys Hours	Min.
		N (Give kind of work done life, even if retired)		KIND OF BUSINESS OR		11. BIRTHPLACE (County )	Stote, or foreig	n country)		N OF WHAT	
13.	FATHER'S NAME  Ira E	Bliss Stone				14. MOTHER'S MAIDEN No. No. 11 io 12					
15. (Ye	WAS DECEASED EVI s, no, wyunknown)	ER IN U.S. ARMED FORCES?		. SOCIAL SECURITY NO.		FORMANT liam H. Jen	well Jr	Addre	ess <b>As #2</b>		
		EATH (Enter only one co TH WAS CAUSED BY:	-	or (o), (b), ond (c).)	.0	10				ONSET AND DEA	
		TH WAS CAUSED BY:  IMMEDIATE CAUSE  DUI  (, which gove te couse (o),	-	er (o), (b), ond (c).	el le fi	elmana	erej se	unba	ıli		
ATION	PART I. DEA  Gonditions, if any rise to immediat stating the under	TH WAS CAUSED BY:    MMEDIATE CAUSE   DUI   Which gove the couse (o), orlying couse   DUI   DUI	(c)	Pullip		E TERMINAL DISEASE CON	1		ili		SY
CERTIFICATION	Conditions, if any rise to immediate stating the underlost.  PART II. OTHER SI  200. ACCIDENT WA OR CONTRIBUTING	ITH WAS CAUSED BY: IMMEDIATE CAUSE DUI (, which gove te couse (o), prilying couse  IGNIFICANT CONDITIONS	E TO (b) E TO (c) CONTRIBUTING	armine Cultiple TO DEATH BUT NOT R	ELATED TO TH	î	DITION GIVEN	IN PART 1(o)	li	ONSET AND DEA	SY
MEDICAL CERTIFICATION	PART I. DEA  Conditions, if any rise to immedial stating the unde lost.  PART II. OTHER SI  200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY  2Dc. TIME OF INI Hour o.	ITH WAS CAUSED BY:  IMMEDIATE CAUSE  DUI  Which gove te couse (o), rlying couse  GOIFICANT CONDITIONS  SUNDERLYING  GOICAUSE OF DEATH MEDICAL EXAMINER  URY Month, Doy, Yeor	(b) (b) (c) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	TO DEATH BUT NOT R DESCRIBE HOW INJURY INJURY OCCURRED	OCCURRED. (E	E TERMINAL DISEASE (ON	Port I or Port II	IN PART 1(o)	(Count	19. WAS AUTOPS PERFORMED YES R	SY
MEDICAL CERTIFICATION	PART I. DEA  Conditions, if any rise to immedial stating the undelest.  PART II. OTHER SI  200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY  2Dc. TIME OF INJ Hour o. p.  21. I certi	ITH WAS CAUSED BY:  IMMEDIATE CAUSE  DUI  (, which gove the couse (o), parlying couse  SUNDERLYING  HE CAUSE OF DEATH  MEDICAUSE OF DEATH  MEDICAU	(c) (b) (c) (c) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	ET DEATH BUT NOT R  DESCRIBE HOW INJURY  INJURY OCCURRED  le Not While of work	OCCURRED. (E  20e. PLACE foctor  d fram J.	E TERMINAL DISEASE CON  of INJURY (Home, form y, street, office bldg., etc.)  an 4, 1  death accurred at	Port I or Port II	of item 18.)  City or town)  March	(County) 12 , 19 6 7 and an the 22b. DATE	19. WAS AUTOPS PERFORMED YES ** NO  Y) (Sto	SY ?? O Cote)
MEDICAL CERTIFICATION	PART I. DEA  Conditions, if any rise to immedial stating the under lost.  PART II. OTHER SI  200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY 2Dc. TIME OF IN) Hour o. p.  21. I certical saw the divided the saw the divided and saw the divided a	ITH WAS CAUSED BY:  IMMEDIATE CAUSE  DUI	(o)	ETO DEATH BUT NOT R  DESCRIBE HOW INJURY  INJURY OCCURRED  le Not While of work of work of work  nded the decease.  12 196.7	OCCURRED. (E  20e. PLACE foctor d fram_J.c. , and that	E TERMINAL DISEASE CON onter noture of injury in 1 OF INJURY (Home, form y, street, office bldg., etc.)	DITION GIVEN I Port I or Port II , 20f. ( 9.6.7_, ta 1,50 MM MED. DIRECTOR	of item 18.)  City or town)  March fram causes  STAFF PHYS.	(Count) 12, 1967 and an the 22b. DATE March	19. WAS AUTOPS PERFORMED YES X NO  7, that (i) (we date stated a SIGNED 13, 196	SY ?? O Cote)

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

04079 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) b. COUNTY. Prince Georges a. COUNTY PrinceGeorges Maryland MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) write RURAL and give neorest tawn)
Cheverly 7 hrs Mt. Rainier d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? PrinceGeorges General Hospital 3810 32nd St. NO A 3. NAME OF Middle Last 4. DATE Manth Year Day DECEASED Emily P Johnson (Type ar print) March 23 19 67 DEATH IF UNDER 1 YEAR S. SEX 9. AGE (In years lost birthday) IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED **NEVER MARRIED** B. DATE OF BIRTH Manths Davs Hours White WIDOWED DIVORCED Female 26 April 1900 66 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Caunty & State, ar foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of warking life even if retired) Tele Co. IN Retired Wash. D.C. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Charles J. Peckham Mabel A. Haskins IS. WAS DECEASED EVER IN ILS. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, na, ar unknown) ((If yes give wor or dates of service 577-22-2525 Mr. Paul D. Johnson (above address No 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)-) INTERVAL BETWEEN Husband ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gave rise ta immediate cause (a). DUF TO stating the underlying cause last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) CERTIFICATION NO 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Manth, Dov. Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or tawn) (County) (State) Hour a.m. factory, street, affice bldg., etc.) Nat While at wark at wark 21. I certify that (1) https://www.attended the deceased fram 19 64, to March 23, 19 67, that (1) week last saw the deceased glive an March 23. 1967, and that death occurred ab . 30AM, from causes and an the date stated above. 22a. SIGNATURE DATE SIGNED PHYS. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 3503 Perry St. Mt. Rainier, Maryland 23g. BURIAL CREMATION 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) REMOVAL (Specify) Fort Lincoln Cemetery Colmar Manor. Rainier 25d. RECT BY REGISTRAR AND MAR 28 1 ADDRESS Mt 2Sb. REGISTPAR'S SIGNATUR Inc.

law requires that the death certificate be executed, within 24 hours ofter death compressive filled in by the funeral nove corbon popers. Pages 1 and 1y event, within 72 hours after degri remove any and and in please physician on please signed by the ottending physi burial-tronsit permit. Then pl burial, cremotion, ar removol, attending physician. has been prior to the 00 Health p by the hospitol or TO FUNERAL DIRECTOR: After this certificate of detoched Stote pe be retained the should abod directar, po should be f

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ON OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

25 1	, . DIVISIO
FOR STATE	04080
HEALTH OFPE.	1. PLACE OF DEATH o. COUNTY  Prince Geo b. CITY OR TOWN (If outside corporate write RURAL and give nearest town) Cheverly d. NAME OF HOSPITAL OR INSTITUTION  Prince George Gene 3. NAME OF DECEASED (Type or print) Ja 5. SEX 6. COLOR OR RACE
uted within 24 hours af g" in pencil in Item 18. Iicol Exominer's Office alc mit. File pages Land 2./wi iin 72 hours after deoth.	male negro  10a, USUAL OCCUPATION (Give kind of work of during most of working life, even if retired)  Retired  13. FATHER'S NAME  URKNOWN  15. WAS DECEASED EVER IN U.S. ARMED FOR (Yes, no, or unknown) (Iff yes give wor or do not stated)
MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any deloy bleose execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 directar. Page 4 should be forworded to the Chief Medical Examiner's Office along with form PM3. Pagetained far your files.  DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2-with the State Department to burial, cremation, or removal, and in any event within 72 hours after death.	IB. CAUSE OF DEATH (Enter only on PART I. DEATH WAS CAUSED BY: IMMEDIATE COMMEDIATE COMME
TO DEPUTY MEDICAL EXAMINER: This onecessary, please execute the certificate, the funeral directar. Page 4 should be for 5 may be retained far yaur files.  TO FUNERAL DIRECTOR: Page 3 should be underth prior to buriol, cremation, or removes	20c. TIME OF INJURY Month, Doy, Ye Hour o.m. p.m.  21. I certify that I taok ch death resulted fram: No ACTUAL SIGNATURE EXAMINER'S NAME (Type) John Kehoo.  230. BURIAL, CREMATION 23b. DAI REMOVAL (Specify)

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

04079

1.	PLACE OF DEATH  o. COUNTY			o. STATE	(Where deceosed lived, if institution: Resi b. COUNTY	dence before odmission)
	Prince Georg	e¹s	MARYLAND	Maryland		George's
	b. CITY OR TOWN (If outside corporate lim write RURAL and give nearest town)	its,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If	outside corporote limits, write RURAL ond	give neorest town)
	Cheverly		DOA	Bowie		16-1
0	d. NAME OF HOSPITAL OR INSTITUTION (IF		give street oddress)	d. STREET ADDRESS	_	e. IS RESIDENCE ON A FARM?
	Prince George Gener	al Hosp	oital	Box 143		YES NO
3.	NAME OF DECEASED	First	Middle	Lost	4. DATE Month	Doy Year
	(Type or print) Jam	es	Ernest J	ohnson	DEATH 3	28 19 67
S.	SEX 6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	lost birthday) Month	ER 1 YEAR   IF UNDER 24 HRS.
	male negro  a. USUAL OCCUPATION (Give kind of work don	WIDOWED	DIVORCED	29 Dec. 18	92 74 Yrs.	
dui	<ul> <li>usual occupation (Give kind of work don ring most of working life, even if retired)</li> <li>Retired</li> </ul>	e 10b. K	IND OF BUSINESS OR NDUSTRY	11. BIRTHPLACE (Sto	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	COUNTRY?
13	. FATHER'S NAME			14. MOTHER'S MAIDE		
	Unknown			Sa	arah Unknown	
15	. WAS DECEASED EVER IN U.S. ARMED FORCES es, no, or unknown). (If yes give wor or dote:	? 16.	SOCIAL SECURITY NO. 17	INFORMANT	Address	
N	ot Stated (If yes give wor or dote:	of service)	Unknown Mr	. Roosevelt	Johnson (Same as Ab	ove) SON
	Conditions, if ony, which gove rise to immediate couse (o), stating the <u>underlying couse</u>	(b) IE TO			c heart disease	over 10 yrs
ATION	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING	TO DEATH BUT NOT RELATED TO	) THE TERMINAL DISEASE (	CONDITION GIVEN IN PART 1(o)	19. WAS AUTOPSY PERFORMED? YES NO
CERTIFICATION	20o. EXTERNAL CAUSE WAS PRIMARY □ or CONTRIBUTING □ CAUSE OF DEATH.	20b. DI	ESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury	in Port I or Port II of item 18.)	
MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. p.m.	While	Nat While for	LACE OF INJURY (Home, fo octory, street, office bldg., e	orm, 20f. (City or town)	(County) (State)
	21. I certify that I taok char	ge of the rei	mains described abave, l	held an Autapsy	, Inspection X, Inquiry X	and in my apinian
	1	ral causes	A	icide . Hamici		
	1	1/2/		/	AL EXAMINER	_
	ACTUAL SIGNATURE	16	fre	M.D. ASSISTANT N	MEDICAL EXAMINER	22. DATE SIGNED
2	EXAMINER'S John Kehoe,	M.D.	Riverdale, Md		PICAL EXAMINER 🔀	3-28-67
23	o. BURIAL, CREMATION 23b. DATE I REMOVAL (Specify)	HEREOF 3	23 NAME OF CEMETERY O	R CREMATORY	LOCATION (City or Town)	(Caunty) (State)
2	4. FUNERAL DIRECTOR John T.R.		ompany Ress	ABG	C'D BY REGISTRAR 2Sb. REGISTRAR	S SIGNATURE

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FOR STATE HEALTH DEPT.

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O DEPUTY MEDIX.—EXAMINER: This certificate should be executed within 24 hours after death. If any delay please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event with 172 hours after death. TO DEPUTY MEDIC

> VR AISME (5) 5M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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OLORI MEDICAL EXAMINER'S CERTIFICATE OF DEATH U40	80
1. PLACE OF DEATH  2. USUAL RESIDENCE (Where deceased lived, If institution; Residence of the county	idence before admission)
	EUXCHE/S_
b. CITY OR TOWN (If outside corporate limits, I c. LENGTH OF STAY IN 1b   c. CITY OR TOWN (If outside corporate limits, write RURAL e)	nd give nearest town)
	(2.3
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  d. STREET ADDRESS  D. STREET A	e. IS RESIDENCE
Route #1	ON A FARM?
	91 YES NO X
3. NAME OF First Middle Last 4. DATE Month OF	Oay Year
	3 196/
5. SEX 6. COLOR OF RACE 7. MARRIED NEVER MARRIEO 8. OATE OF BIRTH 9. AGE (In years   IFUNOER 1   Months   D	YEAR IF UNDER 24 HRS.
MALE CAUCASIAN WIDOWED OIVORGED JAN 16 1946 21 yrs.	
	IZEN OF WHAT
LANCE CORPORAL U.S.M.C STICLOUD MINNESOTA L	7.5
13. FATHER'S NAME 14. MOTHER'S MAIOEN NAME	
EARL F. JOHNSTONE IDA MAY UNKNOWN	
15, WAS DECEASED EVER IN U.S. ARMED FORCES?   16, SOCIAL SECURITY NO.   17, INFORMANT Address	_
(Yes, no, or unknown) (If yes give war or dates of service)  VE U.S.M.C. ACTIVE 477.548770 ANDREWS AIR FORCE BASE RE	CORDS
VE U.S.M.C. ACTIVE 477548770   ANDREWS AIR FORCE BASE, RE 118. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
PART I DEATH WAS CALISED BY:	ONSET AND DEATH
IMMEDIATE CAUSE (a) /3/8/4/ N DAMAGE	
Conditions, If any, which ) DUE TO Secondary to Skull Fracture	
Conditions, If any, which   (b) Secondary to Skull Fructiere	
cause (a), stating the DUE TO	
underlying cause last. (c) (c)	LAG WAG AUTODOV
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMEO?
ICA I	YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH AUTO ACCUPANT ACCUPANT.	
CAUSE OF DEATH AUTO ACCIDENT	Au) (Ctoto)
20c. IIME OF INJURY MORIT, Cay, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, rarm, 20t. (City of town)	ty) (State)
Hour a.m. 3-18-1967 at work et work	
21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry	and in my opinion
death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined manner	
CHIEF MEDICAL EXAMINER	
ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER	22. DATE SIGNED
DEPUTY MEDICAL EXAMINER	017
EXAMINER'S DAYTON O WATKINS Address (Street, city, town, or county)	76/
23a. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY OR CREMATORY   23d. LOCATION (City, town or coun	
BURIAL 1/6/ DOLT DAY NATE ST FOUL, ITA	UNESOTA.
24. FUNERAL DIRECTOR/ AOORESS / Cartest OC 25a. REC'O BY REGISTRAR 25b. REGISTRAR'S	SIGNATURE
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	0408	2		CERTIFIC	ATE O	F DEATH			040	081	
	PLACE OF DEATH o. COUNTY	rince Geor	ges	MARYLA		<b>USUAL RESIDENCE</b> o. STATE	(Where deceo	sed lived, if institut b. COU		ce before odmis	ssion)
		f outside corporate limi give neores town) Dale (rura		c. LENGTH OF STAY IN 1	lb c.	CITY OR TOWN (IF C		te limits, write RU	RAL ond give	neorest town)	3
		LOR INSTITUTION (IF I		al, give street oddress)		765 You	St., N	.W.		e. IS RE ON A YES	FARM?
	NAME OF DECEASED (Type or print)		irst elson	Middle		lost	4. DATE OF DEATH	Mon			Year 9 <b>6 7</b>
S.	SEX	6. COLOR OR RACE	7. MARR			ATE OF BIRTH		AGE (In years last birthdoy)	IF UNDER Months	Doys Hour	DER 24 HRS s Min.
10o duri	M. USUAL OCCUPATION	Negro (Give kind of work done ip, even if retired)		b. KIND OF BUSINESS OR		. BIRTHPLACE (Count		65 yrs. reign country)		IZEN OF WHAT	
4	FATHER'S NAME	•		IIKIIOWII	14.	MOTHER'S MAIDEN	NAME			JOA	
	Alber	t Jones				Nora ?					
15. (Ye	WAS DECEASED EVER	R IN U.S. ARMED FORCES (If yes give wor or dotes	of service)	16. SOCIAL SECURITY NO.	17. INFO		ent	Addr	ess		- 18
	Conditions, if ony, rise to immediate stoting the under lost.	which gove e couse (o), lying couse	(c) (b) (c) (c) (c)	cinoma with m	assiv	e lymph r	node me	etastases r urinary	s, r blad		m
CERTIFICATION				NG TO DEATH BUT NOT RELATI CONOLISM WIT						19. WAS A PERFOI YES X	
	20o. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY)	CAUSE OF DEATH		DESCRIBE HOW INJURY OCCU							
MEDICAL	20c. TIME OF INJU Hour 'a.m p.n	10	W	d. INJURY OCCURRED 26 /hile Not While work at work		INJURY (Home, fa treet, office bldg., et		(City or town)		unty)	(Stote)
		ceased/alive an_		tended the deceased fro <b>3/24/</b> 19 <b>67</b> , an			/19 <u>67</u> , t 1 <b>12:55</b> /			, that 🖎 ne date stat	
	22o. SIGNATURE	lling	Me	M	M.D.	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	_	24/67	
	22c. PHYSICIAN'S NAME (Type)	Moe We				22d. ADDRESS Glenn Da	le Hos	pital, G	lenn D	ale, M	d
230	BURIAL CREMATION REMOVAL (Specify)	ON, 23b. DATE T	HEREOF /1967	23c. NAME OF CEMETE		IATORY .		CATION (City or To		(County)	(Stote)
24	1. FUNERAL DIRECTOR		Co	ADDRESS - 1H 32 Year	< ST	2So. REG	C'D BY REGISTI	RAR 2Sb. R	EGISTRAR'S S		4

TO FUNERAL DIRECTOR: After this certificate hos been signed by the ottending physicion and completely filled in by the funeral director, page 3 shauld be detoched far use as the buriol-tronsit permit. Then please remove corban papers. Pages 1 and 2 shauld be filed with the State Dept. of Health prior to burial, cremation, or removal and many event, within 72 haurs offer deoth. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after de Page 4 may be retained by the hospital or attending physicion.

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**TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any evept, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the hospital or attending physician.

VR A15 (4) 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

04083		CERTIFI	CATE O	F DEATH		040	082	
1. PLACE OF DEATH			2.	USUAL RESIDENCE (Who	ere deceased lived, if	institution: Residence	e befare admis	sion)
o. COUNTY  Prince Ge	eorge's	MARYL		o. STATE Mary lan	nd	b. COUNTY Prince G	George'	S
b. CITY OR TOWN (If out:	side carparate limits.	c. LENGTH OF STAY IN	11b c.	CITY OR TOWN (If outsi	de carparote limits, v	vrite RURAL and give	neorest tawn)	
write RURAL and give	nediesi lowii)	One day		Lanham		/	16-1	
d. NAME OF HOSPITAL OR	INSTITUTION (If not in	hospital, give street oddress)	d.	STREET ADDRESS	153		e. IS RES	SIDENCE FARM?
Prince Ge	orge's Ger	neral Hospital		6200 Princ	cess Garde	n Parkway	YES [	NO 🔀
3. NAME OF DECEASED	First	Middle		Last	4. DATE OF	Manth	Day	Year
(Type or print)	0	ctavia M.		agle	DEATH Ma	rch 6		9 67
- 4		MARRIED NEVER MARRIED		TE OF BIRTH	9. AGE (In last birt)		YEAR IF UND	DER 24 HRS. Min.
Female [	White	WIDOWED DIVORCED		/28/89	77	yrs.		Mill.
loa. USUAL OCCUPATION (Give during most af working life, ex <b>NOUSEW</b>	ven if retired)	10b. KIND OF BUSINESS OR INDUSTRY OWN home	11	. BIRTHPLACE (County & S	State, or fareign count		IZEN OF WHAT INTRY?	
13. FATHER'S NAME Jose	anh Hankan		14.	MOTHER'S MAIDEN NA				
oose	pn macher				Ella Snea	ıde		
IS. WAS DECEASED EVER IN U	.S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17. INFO			Address		
(Yes, no, arunknawn) (If ye	s give war or dates at se	TVICE)	Miria	m K Vermil	lion I	anham, Md	1.	
PART I. DEATH WA	IMMEDIATE CAUSE (o).  DUE TO  h gave (b), (b) cause Course (c)	Severe Sever					ONSET AND	JTOPSY
						. ,	PERFOR YES <b>X</b>	NO [
20a. ACCIDENT WAS UND OR CONTRIBUTING  (IF EITHER, NOTIFY MEDIC 20c. TIME OF INJURY A Hour o.m.	USE OF DEATH	20b. DESCRIBE HOW INJURY OCC	CURRED. (Ente	nature of injury in Par	rt I ar Part II of item	18.)	1 1 2	
20c. TIME OF INJURY A Hour o.m. p.m.	Manth, Day, Year 19	20d. INJURY OCCURRED While Nat While ot wark of work	factary, s	INJURY (Hame, farm, treet, affice bldg., etc.)	20f. (City or t			(State)
21. 1 certify th	nat (I) (this haspit	al) attended the deceased f	fram	, 19	64 , ta M	arch 6, 190	<u> </u>	(we) last
	sed alive an Ma	rch 6 19 67, a	nd that de	ath accurred at 1				ed abave.
22a. SIGNATURE	ber	Jack		PHYS. 🗖 DI	P.M.  ED. STA  RECTOR PHY	CC -	TE SIGNED	7
22c. PHŸSICIAN'S NAME (Type)	Dr. Albert	Roth		22d. ADDRESS 5409 Rivero	dale Rd.	Riverdale	Md.	
23a. BURIAL, CREMATION,	23b. DATE THEREO			tery	23d. LOCATION (CI Colmar Ma	nor ro G	eo	(Stote) Md.
24. FUNERAL DIRECTOR	h's Sons	ADDRESS Md		2Sa. REC'D B	Y REGISTRAR 1 3 1967	25b. REGISTRAR'S SIC	GNATURE	4
· · uasc	III S VOIIS	Hyattsville, Md	l o	DANA	T 9 120/	1	10	

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	04084			CERTI	FICATE	OF	DEATH			04	083	}	
	o. COUNTY Pri	nce George	¹s	MA	RYLAND		RESIDENCE (V		osed lived, if instit b. CO	ution: Resider	Geor	g <b>es</b>	on)
1	b. CITY OR TOWN (If of write RURAL ond g Hyattsvil	ive nearest town) Le, Md.		c. LENGTH OF STAY	/ IN 1b	c. CITY (	R TOWN (If ou	tside corpor	rote limits, write R	URAL and giv	e negrest Pal	tawn)	6.1
	d. NAME OF HOSPITAL 4922 La Sa	OR INSTITUTION (If no	t in haspit Carro	tal, give street address)	me		T ADDRESS 1922/ //	4323 \$41/1/	Rowalt e/%ad/	Dr.		ON A F	ARM?
	NAME OF DECEASED (Type or print)	Fir H <b>elen</b>	st	Middle R	Ve	eller	ost	4. DATE OF DEATE		nth	Day	Уе 19	67
		. COLOR OR RACE white	7. MARR	IED NEVER MARRI	IED   E	B. DATE O			9. AGE (In years last birthday) yrs.		1 YEAR Days		R 24 HRS. Min.
	i. USUAL OCCUPATION (Ging mast af working lite			b. KIND OF BUSINESS OR INDUSTRY OWN home		11. BIR1	HPLACE (County Ohio	& State, ar f	fareign country)	12. CI	TIZEN OF DUNTRY? SA	WHAT	
13.	FATHER'S NAME	nomas Wall	ace			14. MOT	HER'S MAIDEN I		Ellen Re	illy			
15. (Ye	. WAS DECEASED EVER I es, no, or unknown) (If	N U.S. ARMED FORCES? yes give wor or dates a	f service)	16. SOCIAL SECURITY NO.		NFORMAN y Jan	r e Kelle	erman		<sub>tess</sub>	e, M	d.	
	PART I. DEATH  A 2 0 1  Conditions, if any, wrise to immediate a stating the underlying the unde	hich gave ause (a), ing cause	(a)C TO (b) TO (c)	propary Thro						ction	3 3	RVAL BE ET AND I days	DEATH
NOI		FICANT CONDITIONS CO		NG TO DEATH BUT NOT R	ELATED TO T	HE TERMIN	IAL DISEASE CON	VIDITION GIV	VEN IN PART 1(a)			WAS AUT PERFORM	
CERTIFICATION	20a. ACCIDENT WAS U OR CONTRIBUTING (IF EITHER, NOTIFY ME	NDERLYING  CAUSE OF DEATH	-	D. DESCRIBE HOW INJURY		(Enter natu	re af injury in	Part I ar Pa	art II af item 1B.)			_لــا د	110
MEDICAL	20c. TIME OF INJURY Haur a.m. p.m.		V	od. INJURY OCCURRED While Nat While wark at wark			RY (Hame, farm office bldg., etc.)		(City ar tawn)	(Co	ounty)		(Stote)
	saw the dec	that (I) <b>汽袋茶袋</b> eased alive an		tended the decease	d fram <u> </u>	eb. t death	5, 1 accurred at		March 9 M, from couse	s and an 1	the dat	e state	₩e) las d abave
1	220. SIGNATURE	nas F (	Pele	Pino	М.С			MED. DIRECTOR	STAFF PHYS.		ch 1		967_
	22c. PHYSICIAN'S NAME (Type)	Thomas F	Coll	ins, M.D.			ADDRESS 22 H St	. N.E	E. Washi	ington	, D.	c.	
	o. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE THI		23c. NAME OF CE			al	Ar	OCATION (City or lington	Va.	(Caunty)		State)
24	F. Gasch	s Sons	Hyat	ADDRESS tsville, Md			DATE DATE	By REGIS		REGISTRAR'S			

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter deoth. Page 4 may be retained by the hospital or ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use os the burial-transit permit. Then please remove carbon papers. Pages Landshould be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death

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# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W, PRESTON STREET, BALTIMORE, MARYLAND 21201

FOR STATE
HEALTH DEPT.

1. PLACE OF DEATH
O. COUNTY

B. CITY OR TOWN
WITH RURAL ON
Chever
d. NAME OF HOSPI

Prince

3. NAME OF

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

0300	U							441164	
1. PLACE OF DEAT	Н					Where deceosed lived,		esidence befor	e odmission)
o. COUNTY	mines George	10	MARYLA	o. STATE	ryland	4	Prince	Georg	re le
b. CITY OR TOW	rince George N (If outside corporate limits	5.	c. LENGTH OF STAY IN	2,400		utside corporate limits,			
	ond give neorest town)	,			,				
Cheve			DOA		wie			16-1	IS DESIDENCE
d. NAME OF HOS	PITAL OR INSTITUTION (If no	at in haspitol,	give street oddress)	d. STREET	ADDRE22				e. IS RESIDENCE ON A FARM?
Prince	George Gene	ral Ho	ospital	2725	Keys	tone Lane			YES NO 🔀
3. NAME OF	Ein		Middle	Las		4. DATE	Month	Doy	Year
(Type or print)	Luci	lle	Veronica	Kell:	V	OF DEATH	3	6	19 67
5. SEX	6. COLOR OR RACE	7. MARRIED		B. DATE OF E		9. AGE (II		NDER 1 YEAR	IF UNDER 24 HRS.
D 7 -	7.77 2 A	WIDOWED	<u> </u>	日 30 30	3,000		rthdoy) Mon	iths Doys	Hours Min.
Female	White ION (Give kind of work done		KIND OF BUSINESS OR	10-13		or foreign country)	yrs.	12. CITIZEN OF	F WHAT
	ing life, even if retired)		INDUSTRY					COUNTRY?	
Но	usewife					k City		USA	
13. FATHER'S NAME					R'S MAIDEN		1		
	Thoma	as Mal	loy	jě	XXXX	?Bridge	: Golder	n	
1S. WAS DECEASED	EVER IN U.S. ARMED FORCES?	16	. SOCIAL SECURITY NO.	17. INFORMANT			Address		
(Yes, no, or unknow No	n) (If γes give war or dates o	of service)	?????	Malton P	Coo	ke Funeral	IIomo I	2	N7 37
	DEATH /C-A	on and line for	(-) (b) 1 (-))	warter L	. 000	ke runera	. nome i		ERVAL BETWEEN
PART I. D	EDEATH (Enter only one cou DEATH WAS CAUSED BY:							_0N	SET AND DEATH
-0	IMMEDIATE CAUSE		piratory fai						yr.
000	DUE	10 Pul	monary emphy	rsema				over	3 yrs.
	iny, which gave )	(b)							-
	iderlying couse DUE	TO							
lost.	7 0	(c)							
PART II. OTHER	SIGNIFICANT CONDITIONS C	ONTRIBUTING	TO DEATH BUT NOT RELAT	ED TO THE TERMINAL	DISEASE CO	NDITION GIVEN IN PAI	₹T 1(a)	19.	WAS AUTOPSY
NO.									PEREORMED?
20a. EXTERNAL	CALISE WAS	201- 1	DESCRIBE HOW INJURY OCCU	IDDED (Enter noture	of injury in	Part Lar Part II of its	m 1R1		23 110 2
PRIMARY Or	CONTRIBUTING	200. I	DESCRIBE HUW INJURT OCCU	JANED. (EIIIGI IIOTUFE	or injury in	ron i oi ron ii oi ite	III ID.J		
								45	
20c. TIME OF Hour	INJURY Month, Doy, Yeor			De. PLACE OF INJURY foctory, street, off			r town)	(County)	(Stote)
W	p.m. 19	Whi at wo		iociory, sireer, on	ice bidg., etc.	1			
21.   cer	tify that I toak charge			ve. held an Auto	opsy 🗍	Inspection 🗙	Inquiry	X, and	in my apinia
			X Accide	Suicide .	Hamicide		nined manne		a in my apima
dealli les	sulled Irdill.	il yauses	Accident L.				illied maille	'	
ACTUAL	// /	/ /	Vo las		HIEE MEDICAL				22. DATE SIGNED
SIGNATURE	101	4	Cyr	M.D.		DICAL EXAMINER			
EXAMINER'S	/1.	1.6				AL EXAMINER		_	n /n
NAME (Type)	John Kehoe,		Riverdale,		adress (Stree	t, city, town, or count			-7-67
230. BURIAL, CREMA			23c. NAME OF CEMETE	RY OR CREMATORY		23d. LOCATION (	City or Town)	(County	(Stote)
REMOVAL (Spe	ial 3/19	/67	Gate of	Heaven		Mt. Ple	easant.	N.Y.	
24. EUNERAL DIRE			ADDRESS	-		D BY REGISTRAR	2Sb. REGISTRA	AR'S SIGNATUR	RE
Lim Cool	-Brooks Inc.	Dol+	imara Md 3	11202	MAR	1 3 1967	gelia	reas le	edge.
MILL COOK	-Drooks Inc.	Dall	Imore, Ma. 2	LZUZ	DEST.	1001			

VR A15ME (5) 6M 1/67

the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with farm

Health priar ta burial, cremation, ar removal, and in any event within 72 haurs after ded 5 may be retained far yaur files. TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and

in pencil in Item 18. Give Pages 1,

This certificate shauld be executed within 24 haurs after death. If

'pending"

necessary, please execute the certificate, writing the ward

MEDICAL EXAMINER:

TO DEPUTY

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# MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 DIODE

FOR STATE		04086	MEDICAL EXAMINER'S	CERTIFICATE O	F DEATH	U#U63
S to 3 to	1.	PLACE OF DEATH o. COUNTY Prince Ge	orge's MARYLAND	2. USUAL RESIDENCE (W	here deceosed lived, if institution: and b. COUNTY	
ann. It any delay is vages 1, 2, and 3 to ith form PM3. Page Stote Department of 2 hours after death.		b. CITY OR TOWN (If outside corporote limit write RURAL and give negrest town)  Cheverly	its, c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If out	side corporote limits, write RURAL	ond give neorest town)
- E 9 5 1		d. NAME OF HOSPITAL OR INSTITUTION (If no Prince Georges Gene		d. STREET ADDRESS 3809	Volta Avenue	e. IS RESIDENCE ON A FARM? YES NO
A W		NAME OF Fi DECEASED (Type or print)	irst Middle Nina B. Kie	lost <b>dwell</b>	4. DATE Month OF March	Doy Year 17, 19 67
ltem 18. Give p Office along wii land 2 with the S		SEX 6. COLOR OR RACE white		Nov 20, 189	I made brieffinders) All	FUNDER 1 YEAR   IF UNDER 24 HR.  Nonths Doys Hours Min.
in Item 11	10a dur	. USUAL OCCUPATION (Give kind of work done ing most of working life, even if retired) Clerk	Department store	11. BIRTHPLACE (Stote of Virginia	0 1/	12. CITIZEN OF WHAT COUNTRY?
Examiner's Examiner's File pages		FATHER'S NAME		14. MOTHER'S MAIDEN N	AME ?	
pe executed "pending" in nief Medical E. onsit permit. F ar removol, a	15. (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? s, no, or unknown) (If yes give wor or dotes or no		vformant hard Ashby R	Address  Brenty	wood, Md.
the word "pending" in pencil in of ta the Chief Medical Examiner's a buriol-tronsit permit. File pager cremotion, ar removol, and in any		1B. CAUSE OF DEATH (Enter only one cou PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE	TAMA TO TO	lerati	e Corone	INTERVAL BETWEEN ONSET AND DEATH
writing the word rwarded ta the Ch sed as a buriol-tra urial, cremotion,		Conditions, if ony, which gave rise to immediate couse (a),	(b) Steart die	un C	Thrond	an clust
ing the ded 1 ded		stoting the underlying couse DUE	(1) fluerale	gred are	Anosoles	engers
ate, writing after, writing after, writing after, writing after af	ICATION	200. EXTERNAL CAUSE WAS		TERMINAL DISEASE CONE		19 WAS AUTOPSY PERFORMED? YES NO
s. S. ould prio	MEDICAL CERTIFICATION	PRIMARY □ or CONTRIBUTING □ CAUSE OF DEATH.	20b. DESCRIBE HOW INJURY OCCURRED. (F			(5)
ute the ce ige 4 sho your file Page 3 sh d agent,	MEDIC	20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. p.m. 19	While Not While of focto	E OF INJURY (Home, form, ry, street, affice bldg., etc.)	20f. (City or town)	(County) (State)
ecssory, please execute the funeral director. Page 4 may be retained for your FUNERAL DIRECTOR: Page ealth or its designated age			ge of the remains described above, held ral causes , Accident , Suicid	de 🔲, Hamicide	, Undetermined mann	
ory, please retained be retained or its design		ACTUAL SIGNATURE DARK	Junt	CHIEF MEDICAL E  ASSISTANT MEDIC DEPUTY MEDICAL	AL EXAMINER	22. DATE SIGNED
necessory, the funerol 5 may be TO FUNERAL Health or i	230	EXAMINER'S NAME (Type) Dayton O  BURIAL, CREMATION, 23b. DATE THI	HEREOF 23c. NAME OF CEMETERY OR	Address (Street,	city, town, or county)  23d. LOCATION (City or Town)	3-206/ (County) (State)
- 4	_	REMOVAL (Specify) Mar 21.	ADDRESS	netery 2504 REGIO	Colmar Manor Pr	ro Geo Md.
VR A15ME (5) 6M 1/66		F. Gasch's Sons	s Hyattsville, Md.	DATE	0 1001	00

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Saw Mart

FOR STATE HEALTH DEPT. o DEPUTY MEDICAL EXAMINER: This certificate should be executed within 124 mosts of the Pages 1, 2, and 3 for necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 for necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 for percentage in the Chief Medical Examiner's Office along with form PM3. Pages TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any delay is **DEVINERAL DIRECTOR:** Page 3 should be used os o burial-tronsir perinin. Fire puges recent within 72 hayrs after death. Health ar its designated ogent, prior to burial, cremotion, or removol, and in any event within 72 hayrs after death. 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages land 2 with-the-State Department of

Division of STATISTICA	I RESEARCH AND RECORDS, 30	1 W. PRESTON STREET,	BALTIMORE, MARYLAND	21201
04087	MEDICAL EXAMINER'S	CERTIFICATE OF	DEATH	14086
1. PLACE OF DEATH o. COUNTY  O. COUNTY  O. COUNTY	Yeorges MARYLAND	2. USUAL RESIDENCE (When	re deceased lived, if institution: Re	sidence before odmission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. EENGTH OF STAY IN 16		corporate limits, write RURAL one	ts 16-1
d. NAME OF HOSPITAL OR INSTITUTION (IF NOT in	hospital, give street address)	d. STREET ADDRESS	elbroke	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)  S. SEX 6. COLOR OR RACE 7.	D L A G V A  MARRIED NEVER MARRIED □	Lost 4.  B. DATE OF BIRTH	DATE OF DEATH  9. AGE (In years IF Ut lost birthdoy)  Mon	Doy Year  17  0 19  IDER I YEAR   IF UNDER 24 HRS.  ths   Doys   Hours   Min.
10o, USUAL OCCUPATION (Give kind of work done during most of working life, even if ratired)	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State of 1	74 - 4 /5/	2. CITIZEN OF WHAT COUNTRY?
13. FATHOR'S NAME  15. WAS DECEASED EVER IN U.S. ARMED FORCES?  (Yes, no, or unknown) (III yes give war of dates of sen	vice) 16. SOCIAL SECURITY NO. 17.	14. MOTHER'S MAIDEN NAM INFORMANT	H Buck	Of 1
1B. CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY:  3 2 20 DUE TO	Dot by dyd Thy bybe	the live	r due te	INTERVAL BETWEEN ONSET AND DEATH
conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse (b) DUE TO (c)	PARTHOSIS (SI)	Acute al		
PART II. OTHER SIGNIFICANT CONDITIONS CONTR	IBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDIT	ION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
20g. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH.	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in Port	I or Port II of item 1B.)	
20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. p.m. 19	While of work of work foci	CE OF INJURY (Home, form, tory, street, office bldg., etc.)	20f. (City or town)	(County) (Stote)
21. I certify that I taak charge of death resulted fram: Natural co	the remains described abave, he	CHIEF MEDICAL EXA	, Undetermined manner MINER   EXAMINER	
EXAMINER'S DA TO	UO WATK		y, town, or county)	-18-67
230. BURIAL, CREMATION, REMOVAL (Specify) BUT181  March 20-	-67 Arlington Na	tional Cemete:		(County) (State) , Virginia
24. FUNERAL DIRECTOR Simmons Bros. 1661- G	ADDRESS  d. Hope Rd. SE. We	shand DC DMAR 2		iles finge.

VR A15ME (5) 6M 1/66 

56411 D.C., (2014)	
그렇게 되어보니, 아이들은 다시하는 다른 것은 것이다. 그런데 보니 눈이를 모겠다면 되었다. 얼굴을 받았다면 다시다.	
가게 되는 사람들은 아니는 얼마나 아니는 아니라 가장 아니는 사람들이 되었다면 하는 것이 되었다면 하는데 하는데 얼마나 없다면 하는데 없다면	
는 시계를 보고 있다면 어느 없는 것을 하는 생활성을 잃었다. 시계 이 이 등 장이 이 사람들은 다른 것이 되고 있다고 있다고 있다.	
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# 3 ta State Department P.M.3. F form Pages Z × the Give **E** pages land 2 with 4 should be forwarded to the Chief Medicol Exominer's Office al permit. File .⊆ buriol-transit permit n any event within This certificate should writing the word .⊆ 0

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: PLACE OF DEATH g. STATE o. COUNTY b COUNTY Maryland Prince George's Prince George's b. CITY OR TOWN (If outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town) c. LENGTH OF STAY IN 1b write RURAL and give nearest town) Mt. Rainier
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) Mt. Rainier d STREET ADDRESS 3343 3343 Buchanan Street e. IS RESIDENCE ON A FARM? YES NO 🔽 3343 Buchanan Street 3. NAME OF 4. DATE Month Day Year DECEASED 1967 Rav Lancaster DEATH (Type or print) 9. AGE (In years IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE B. DATE OF BIRTH 7. MARRIED NEVER MARRIED last birthdoy) Months WIDOWED DIVORCED 8-1-1916 white 50 Male 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? REVLINES VIRGINIA 14. MOTHER'S MAIDEN NAME UNKNOWN UNKNOWN 17. INFORMANT SHELDAG, RICE 15 WAS DECEASED EVER IN ILS ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no. or unknown) I(If yes give wor or dotes of service) 250 05843 INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART 1. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE (AUSE (6) Gun shot wound of chest DUE TO Conditions, if ony, which gove rise to immediate cause (o), DUF TO stoting the underlying couse WAS AUTOPSY PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? NO 20o. EXTERNAL CAUSE WAS PRIMARY 

or CONTRIBUTING □ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) CAUSE OF DEATH. Shot self in chest MEDICAL 20c. TIME OF INJURY Month, Dov. Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or tawn) (Caunty) (State) Hour o.m. foctory, street, office bldg., etc.) While of work Not While home same as #2 unknown..... 3-3-21. I certify that I taak charge of the remains described above, held an Autapsy Inspection 🔽 , Inquiry 😿 , and in my apinian Suicide 🗶 death resulted fram: Natural sauses Undetermined manner Acciden Hamicide CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER NAME (Type) John Kehoe, M.D. Riverdale, Md. Address (Street, city, town, or county) 23d. LOCATION (City or Town)

VR A15ME (5)

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FUNERAL DIRECTOR: Poge

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MEDICAL EXAMINER:

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, Item #11 infor. PRESTON STREET, BALTIMORE, MARYLAND 21201

04089 CERTIFICATE

02000		U-	2000
1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceosed lived, if institution:	
o. COUNTY Prince George's	MARYLAND	Maryland Prince G	eorge's
b. CITY OR TOWN (If outside corporate limit		c. CITY OR TOWN (If outside corporate limits, write RURAL	
write RURAL and give nearest town)			ona giro noorosi ronny
Cheverly	8 hrs.59mins	Bladensburg	16-1
d. NAME OF HOSPITAL OR INSTITUTION (If	not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
Prince George's Ge	neral Hospital	4263 - 58th Avenue	YES NO
3. NAME OF	First Middle	Lost 4. DATE Manth	Doy Year
DECEASED (Type or print)	DA1 0'-3	Lang DEATH March	3. 1967
S. SEX 6. COLOR OR RACE	7. MARRIED NEVER MARRIED		UNDER 1 YEAR   IF UNDER 24 HRS.
	WIDOWED DIVORCED	lost birthdoy)   M	onths Doys Hours Min.
Female White		March 2, 1967 yrs.	8 59
Oo. USUAL OCCUPATION (Give kind of work don-	e 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & Stote, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
ioning most of training ma, area in termod,	MOOSIK!	Pr. Geo. Col. Md.	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Charles Lang,	C~	Cross Frances Comphell	
IS WAS DECEASED EVER IN U.S. ARMED FORCES	2 16 SOCIAL SECURITY NO 17	Grace Frances Campbell INFORMANT Address	
(Yes, no, or unknown) (If yes give wor or dates	of service)		
18. CAUSE OF DEATH (Enter only one co	ouse per line for (o), (b), and (g).)	1 4 1	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSI	E(0) Covigerital po	bar Emphysema	ONSET AND DEATH
	E TO		
Conditions, if ony, which gove	(b)		
rise to immediate couse (o),	E TO		
stoting the underlying couse			- 12 - 12 m
	(c)		LID WAS AUTORSY
PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)	19. WAS AUTOPSY PERFORMED?
Alic			YES NO
200. ACCIDENT WAS UNDERLYING  200 CONTRIBUTING COUSE OF DEATH	20b. DESCRIBE HOW INJURY OCCURRED	. (Enter noture of injury in Port I or Port II of item 18.)	
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			
20c. TIME OF INJURY Month, Doy, Yeor	20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form, 20f. (City or town)	(County) (Stote)
☐ Hour o.m.	While - Not While - fo	ctory, street, office bldg., etc.)	(county) (store)
p.m. 19	DI WOIK - DI WOIK -		
21. I certify that (I) (this ha	spital) attended the deceased fram_	March 2, , 1967, to March 3, or death accurred at 5:30 Mg from causes and	_, 19 <u>67</u> , that (I) (we) la:
saw the deceased alive an_	March 3, 19 67, and the	at death accurred at 5:30 Mt from causes and	an the date stated above
22o. SIGNATURE		AM	22b. DATE SIGNED
man n	N	I.D. ATTENDING MED. STAFF DIRECTOR PHYS.	
22c, PHYSICIAN'S Bergeman	n, M.D.	22d. ADDRESS XX	
NAME (Type)	fellen	Prof Bldg, Greenbelt, Man	ryland
230. BURIAL, CREMATION, 23b. DATE TO	UNITED TO SENTERY OF	COCHATORY 224 TOCATION (C)	(Caush) (See.)
23o. BURIAL, CREMATION, 23b. DATE TO REMOVAL (Specify)			
REMOVAL (Specify) Cremation 3/11/	67) Prince George	250. REC'D BY REGISTRAR 25b. REGIST	PG Maryland
24. FUNERAL DIRECTOR // /			RAR'S SIGNATURE
maring 10 110	Admin Mchayanly Ma	ryland DMAK 1 5 1967 /clie	Lank Dore

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 shauld be filed with the State Dept. at Health priar ta burial, crematian, ar remayal, and in any event, within 72 haurs after death.

VR A15 (4) 25M 1/67

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	1210	
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Chaca iranosa Camalail		
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Margn 2v 57 March 3. 67 No vo.		
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ent to the control of		

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the Kunera director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Page 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
04090 CERTIFICATE OF DEATH

1. PLACE OF DEATH .a. COUNTY Prince George MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. STATE Maryland b. COUNTY Prince George
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Accokeek	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Accokeek
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. Street Address Rt 1 Box 459  e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First Middle DECEASED (Type or print) Elizabeth Alberta Lang	Last 4. DATE Month Day Year OF DEATH March 26 1967
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years   IFUNDER 1 YEAR   IFUNDER 24 HRS.   Hours   Min.   Sept. 4, 1899   67   yrs.
102. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Housewife  105. KIND OF BUSINESS OR INDUSTRY  Domestic	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?  Illinois U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Lemuel A. Dennison	Ella C. Jones
(Yes, no, or unkown) (If yes give war or dates of service)	Address Rt 1 Box 459 corge M. Langley Sr., Accokeek, Md.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO  Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last.  DUE TO  (c)	aren to the terminal disease condition given in part 1(a) 119. WAS AUTOPSY
PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE PARTIE OF DEATH BUTNOT RELATED TO THE PARTIE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	PERFORMED? YES NO ST
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU BY OR CONTRIBUTING AUSE OF DEATH (If EITHER, NOTIFY MEDICAL EXAMINER)	
Hour a.m. p.m.  19  While Not While at work	ACE OF INJURY (Home, farm, pry, street, office bldg., etc.)  (County) (State)
saw the deceased alive on March 24 1967, and that	t death occurred atM, from the causes and on the date stated above.  ATTENDING MED. STAFF DIRECTOR PHYS 3-26-67
22e. PHYSICIAN'S NAME (Type) JAMES CAWOOD M.D.	22d. ADDRESS 2619 Branch Ave. S.E. Washington, D.C.
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERS BURIAL (Specify) 3-29-67 Cedar Hill	
Huntt Funeral Home, Waldorf, Md.	MAR 30 1967 GClarles Judge

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	MARYLAND STATE DEPARTMENT OF HEALTH	
DIVISION OF STATISTICA	AL RESEARCH AND RECORDS, 301 W. PRESTON STREET,	<b>BALTIMORE 1, MARYLAND</b>
04097	CERTIFICATE OF DEATH	04090
DIACE OF DEATH	II O BEHAL DECIDENCE (Where decrees	d tired of inclidations Decidence before

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
Prince George · MARYLAND	a. STATE Maryland b. COUNTY Charles
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Clinton	Waldorf-Rural 18-2
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS   0. IS RESIDENCE ON A FARM?
Pine View Gardens	YES NO X
NAME OF First Middle DECEASED	Last 4. DATE Month Day Year OF
(Type or print) Elizabeth Kathryn La	nnan DEATH March 11, 1967
1. MARKIED   MEACH MARKIED	B. DATE OF BIRTH 9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.   I Hours   Min.   Hours   Min.
Female Cau. WIDOWED DIVORCED	7-10-1913 53 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT COUNTRY?
Housekeeper Church Rectory	Kansas U.S.A.
13. FATHER'S NAMÉ	14. MOTHER'S MAIDEN NAME
Cornelius Lannan	Anna Mc Crory
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address 3408 Madera
(Yes, no, or unkown) (If yes give war or dates of service)  493-22-8605	s. Walter A. Hudson, Los Angeles, Cal
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	ATOSIC ONSET-AND DEATH
17//	5/1/-
Conditions of any which I	CINOMA VACINAL DOTO
gave rise to immediate	
cause (a), Stating the	
	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)   19. WAS AUTOPSY
TAS TO THE TABLE T	PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA  20a. ACCIDENT WAS UNDERLYING TO CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OF EITHER, NOTIFY MEDICAL EXAMINER)	RRED. (Enter nature of Injury in Part I or Part II of Item 18.)
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	CE OF INJURY (Home, farm,   20f. (City or town) (County) (State)
Hour a.m. While Not While	ry, street, office bldg., etc.)
p.m. 19 at work at work	and that the Denames with the
21. I certify that (i) (this hospital) attended the deceased from	1964, to 1944, 19 , that (1) (we) last
saw the deceased alive on 1967, and that	death occurred at M, from the causes and on the date stated above.
1.0 do Vuolle	ATTENDING MED STAFE
22c, PHYSICIAN'S	PHYS. DIRECTOR PHYS. 3-11-67
NAME (Type) ROBERT W. MERKLE M.D.	
REMOVAL (Specify)	
Burial 3-16-67 Mission Cel	me tery Los Angeles, Calif
Huntt Funeral Home, Waldorf Md	MAR 1 6 1967 ICharles Quese

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Page 4 may be retained by the hospital or attending physician.

hours after death.

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	bearing I I bearing	fourselease charges and
	reports out name	Cornel Line Leaning
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70-17-07		

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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0303							
o. COUNTY	rince Geor	ge 's	MARYLA	o. STATE	(Where deceased lived	b. COUNTY Prince C	
b. CITY OR TOWN	(If outside corporate	limits,	c. LENGTH OF STAY IN		outside corporote limits		
Riverd	and give neorest town	)	DOA	Hyatts	rille		16-1
		(If not in hospite	ol, give street oddress)	d. STREET ADDRESS	V.L.L.C		e. IS RESIDENCE
Leland l	Memorial H	ospital		4615 Bur	lington Ros	ad	ON A FARM? YES NO
NAME OF DECEASED		First	Middle	Lost	4. DATE OF	Month	Doy Year
(Type or print)		adie		Leonard	DEATH	3	12 19 67
. SEX	6. COLOR OR RACI	7. MARRI	ED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (I	irthdoy) IF UNDE	R I YEAR   IF UNDER 24 HRS. Dovs Hours Min.
Female	Negro	WIDOW	ED DIVORCED	x 11 Nov. 19		yrs.	Doys Hoors Mill.
Do. USUAL OCCUPAT	ON (Give kind of work on the life, even if retired)	done 10b	. KIND OF BUSINESS OR INDUSTRY		te or foreign country)		ITIZEN OF WHAT OUNTRY?
3. FATHER'S NAME				14. MOTHER'S MAIDE			
	d Brown				Butler		
S. WAS DECEASED	VER IN U.S. ARMED FOR	CES?	16. SOCIAL SECURITY NO.	17. INFORMANT		Address	
res, no, or unknow	II IIIT ves aive wor or a	ares or service ii		Dichard Jac	kson-son	-6707 Ea	ads St., N.
1B. CAUSE OF PART I. D	DEATH (Enter only on	e couse per line		RICHAID GAC			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if on see to immed stoting the unlast.	DEATH (Enter only on EATH WAS CAUSED BY: IMMEDIATE Co ny, which gove ote couse (o), derlying cause	e couse per line AUSE (o) Hea DUE TO Art (b) DUE TO (c)	rt failure erioscleroti	c heart disea	se .		INTERVAL BETWEEN ONSET AND DEATH minutes unknown
Conditions, if on the storing the unlast.	DEATH (Enter only on EATH WAS CAUSED BY: IMMEDIATE Co ny, which gove ote couse (o), derlying cause	e couse per line AUSE (o) Hea DUE TO Art (b) DUE TO (c)	rt failure erioscleroti		se .		INTERVAL BETWEEN ONSET AND DEATH minutes unknown  19. WAS AUTOPSY PERFORMED?
Conditions, if on the storing the unlast.	DEATH (Enter only on EATH WAS CAUSED BY: IMMEDIATE Cony, which gove ote couse (o), derlying cause SIGNIFICANT CONDITION	e couse per line AUSE (o) Hea DUE TO Art (b) DUE TO (c) DOINS CONTRIBUTION	rt failure cerioscleroti	c heart disea	S <b>e</b> Ondition given in Pa	RT 1(a)	INTERVAL BETWEEN ONSET AND DEATH minutes unknown
Conditions, if on the new part I. During the unlast.  PART II. OTHER  200. EXTERNAL PRIMARY OF I CAUSE OF DEATI 200. TIME OF I Hour	DEATH (Enter only on EATH WAS CAUSED BY: IMMEDIATE Control of the Course	e couse per line AUSE (o) Hea DUE TO Art (b) DUE TO (c) ONS CONTRIBUTION 20b. OF 20c. W	rt failure cerioscleroti	c heart disea:	ONDITION GIVEN IN PA	RT 1(a) em 1B.)	INTERVAL BETWEEN ONSET AND DEATH minutes unknown  19. WAS AUTOPSY PERFORMED?
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Conditions, if one to immed stoting the unlast.  PART II. OTHER  200. EXTERNAL PRIMARY OF I CAUSE OF DEATI  201. I cer	DEATH (Enter only on EATH WAS CAUSED BY: IMMEDIATE COMMEDIATE COMME	e couse per line AUSE (o) Hea DUE TO Art (b) DUE TO (c) ONS CONTRIBUTION 19 Of W	THE FAILURE  CERIOSCLEROTI  THE TO DEATH BUT NOT RELATE  DESCRIBE HOW INJURY OCCU  S. INJURY OCCURRED hile Not While of work the property of t	C heart disea:  (ED TO THE TERMINAL DISEASE OF URRED. (Enter noture of injury)  (20e. PLACE OF INJURY (Home, for foctory, street, office bldg., e)	ONDITION GIVEN IN PA  In Part 1 or Port II of it  orm, 20f. (City of tc.) Inspection	RT I(a) em IB.) or town) (C	INTERVAL BETWEEN ONSET AND DEATH minutes unknown  19. WAS AUTOPSY PERFORMED? YES NO X  ounty) (Stote)
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TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any deloy is 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages land 2 with the state Department of 'pending" in pencil in Item 18. Give Poges 1, 2, ond 🕉 the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. necessory, please execute the certificate, writing the word VR A15ME 6M 1/67

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE. MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 04093 FOR STATE HEALTH DEPT 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH Maryland Pr. Geo. o. COUNTY ince Geo. 2, and 3 ta PM3. Page af death. MARYLAND delay Department c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 1b b. CITY DR TOWN (If outside corporote limits, write RURAL and give nearest town) after D. O. A. Mt. Rainier d. STREET ADDRESS e. IS RESIDENCE ON A FARM? d. NAME DE HOSPITAL DR INSTITUTION (If not in hospital, give street address) haurs with farm 4404 - 30th St. NO A Prince Geo. Gen. Hosp. YES ate Item 18. Give Pages This certificate shauld be executed within 24 haurs after death. 3. NAME OF Middle 4. DATE Month Year First 19, 67 March DECEASED J. Liston Stephen DEATH with the (Type or print Office alang IF UNDER 1 YEAR IF UNDER 24 HRS. 9. AGE (In years S SEX 6 COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED 66 birthdoy) Months Dovs Hours White 12/18/1900 Mala WIDOWED event and 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 10g. USUAL OCCUPATION (Give kind of work done U COUNTRY? Rai Ir oad during most of working life, even if retired) Treland dny \_= pages the Chief Medical Examiner's 14. MDTHER'S MAIDEN NAME pencil 13. FATHER'S NAME . ⊆ Eileen White Dennis Liston File pup 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FDRCES? 16 SDCIAL SECURITY NO (Yes, no, or unknown) (If yes give wor or dates of service) remaval, Mrs.Florence G. Liston (above address Wife INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), ond (c). ONSET AND DEATH burial-transit PART I. DEATH WAS CAUSED BY a IMMEDIATE CAUSE (o) please execute the certificate, writing the ward crematian, DUE TO Conditions, if ony, which gove rise to immediate couse (o). 4 shauld be farwarded ta DUF TO stoting the underlying couse 0 ds burial, 19. WAS AUTOPSY PERFORMED? nsed PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) YES W NO pe 10 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18.) 20o. EXTERNAL CAUSE WAS 3 shauld designated agent, priar PRIMARY Or CONTRIBUTING AL EXAMINER: CAUSE OF DEATH (Stote) (City or town) (County) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) Hour om Not While yaur FUNERAL DIRECTOR: Page Page 1 21. I certify that I took charge of the remains described obave, held an Autopsy A Inspection Inquiry 2 and in my opinion far Suicide Undetermined monner the funeral directar. deoth resulted from: Notural couses Accident Homicide be retained CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY DEPUTY MEDICAL EXAMINER D **EXAMINER'S** Health o Address (Street, city, town, or county) NAME (Type 23d. LDCATION (City or Town) (County) 23o. BURIAL CREMATION 0 BUHOVAL (Specify) Silver Spring, Md. 3/22/67 of Heaven Cem. Gate ADDRESS IN THE HAINIET, 250. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR Nalley's 2Sb. REGISTRAR'S SIGNATURE Funeral Melioneles Home Inc. VR A15ME 1967

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## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

04094

### CERTIFICATE OF DEATH

1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY b.\_COUNTY Prince George's Prince George's
b. CITY OR TOWN (If outside corporate limits,
write RURAL and pive neorest town) MARYLAND Maryland c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) hours Mt. Rainier 4 hours e. IS RESIDENCE ON A FARM? d STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Prince George's General Hospital 2906 Bunker Hill Road YES NO PE 3. NAME OF Middle 4. DATE Month DECEASED March 6 67 Ruth Little (Type or print) DEATH IF UNDER 24 HRS. S SEX 6. COLOR OR RACE X NEVER MARRIED B. DATE OF BIRTH AGE (In years lost birthday) IF UNDER 1 YEAR 7. MARRIED remove Months White Female DIVORCED in any WIDOWED 8/15/99 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done COUNTRY? during most of working life, even if retired) ond Hinton, W. Va. 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME Charles Parker Lucinda McVev 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes\_no, or unknown) (If yes give wor or dotes of service 0 Mr. Harold R. Little (above address cremation. (Husband) Rt 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: ARREST CARDIAC IMMEDIATE CAUSE (o) DUE TO EMPYEMA Y LEFT PNEUMONECTOMY Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying cause os the prior to l BRONCH OGENIC PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPS)
PERFORMED? YES 🗙 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) 20o. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Dov. Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour 'o.m. foctory, street, office bldg., etc.) 21. I certify that (I) (this haspital) attended the deceased from &c. 8. , 1966, to MARCH 6, 1967, that (1) (we) last saw the deceased alive an March 6 1967 and that death accurred at 2 10 PM, from causes and an the date stated above. 22o. SIGNATURE 22b. DATE SIGNED 22c. PHYSICIAN'S 22d. ADDRESS 1835 EYES+ MV WASHINGTON, NAME (Type) 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) Chestnut Grove Cem. Herndon, Va. 9 Nalley's Funeral ADDRESS Mt. Rainier , MAR 9 REGISTRAR DATE DATE VR A15 (4) Inc. Home 25M 1/67

**OR ATTENDING PHYSICIAN:** The law reauires that the deoth certificate be executed within 24 hours ofter deoth. or offending hospital be retoined

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, Items #11,12,13 & 14 STREET, BALTIMORE, MARYLAND 21201 FOR STATE HEALTH DE PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY b. COUNTY 2, and 3 ta PM3. Page District Of Columbia Prince George's MARYLAND pages 1 and 2 with the State Department b. CITY OR TOWN (If outside corparate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) r LENGTH OF STAY IN 1b write RURAL and give neorest town) 37 hrs Washington Cheverly d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) e. IS RESIDENCE ON A FARM? d STREET ADDRESS 4 should be farwarded to the Chief Medical Examiner's Office along with farm YES NO X 1335 11th. Street. N.W. in Item 18. Give Pages Prince George General Hospital 24 haurs after death. 3 NAME OF Middle Year DECEASED 19 67 DEATH (Type or print) Edward Livingston 7. MARRIED 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS S SEX 6. COLOR OR RACE 8. DATE OF BIRTH NEVER MARRIED deale lost birthdoy) Months Doys Hours WIDOWED DIVORCED 9-3-1916 50 Male Negro 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) ofter MUNICIPAL North, S.C. U.S.A. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME This certificate shauld be executed within in pencil event within 72 haurs Kit Livingston Henrietta Thomas permit. File 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) ((If yes give wor or dotes of service) 17 INFORMANT Address 16 SOCIAL SECURITY NO 'pending" INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) burial-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE (AUSE (0) Cerebral hemorrhage, left internal capsule writing the ward DUE TO Essential hypertension Conditions, if ony, which gove rise to immediate couse (a). 2 DUE TO 0 stating the underlying couse OS O 3 shauld be used WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) remaval, PERFORMED? CERTIFICATION certificate, YES X NO 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) PRIMARY Or CONTRIBUTING [ 50 DICAL EXAMINER: CAUSE OF DEATH crematian, 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) (County) (Stote) Hour o.m. Not While factory, street, office bldg., etc.) Page at work \_\_\_ ot work 21. I certify that I took charge of the remains described above, held on Autopsy Inspection x Inquiry x ond in my opinion Naturo Rouses deoth resulted from: Accident/ Suicide Homicide Undetermined monner CHIEF MEDICAL EXAMINER

Riverdale, Md.

NAME OF CEMETERY OR CREMATORY

TO DEPUTY MEDICAL EXAM necessary, please execute the the funeral director. Page 4 5 may be retained for your command to funeral DIRECTOR: Page Health prior to burial, crema

ACTUAL

SIGNATURE

23 BURIAL CREMATION

REMOVAL (Spegify)

NAME (Type) John Kehoe, M.D.

24. FUNERAL DIRECTOR ADDRESS

DNI YERS AT FUNERAL HOME 816 H St.N.E

250. REC'D BY REGISTRAR

250. REGISTRAR'S SIGNATURE

PATAR 2 7 1967

Classes Judge

23d. LOCATION (City or Town)

ASSISTANT MEDICAL EXAMINER

DEPUTY MEDICAL EXAMINER

Address (Street, city, town, or county)

22. DATE SIGNED

3-17-67

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This certificate shauld be executed within 24 haurs after death. If

in pencil in Item 18. Give Pages 1, 2, and 3 ta I Examiner's Office along with farm PM3. Page

State Department

# MARYLAND STATE DEPARTMENT OF HEALTH

04095

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04096 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

_								
	PLACE OF DEATH o. COUNTY			2. USUAL RESIDENCE (W o. STATE	here deceosed lived, if institu b. COL		ore odmissio	n)
	Pri	nce George's	MARYLAND	Maryland		gomery		
	b. CITY OR TOWN (	If outside corparate limits, d give neorest town)	c. LENGTH OE STAY IN 1b	c. CITY OR TOWN (If out:	side corporate limits, write RU	JRAL ond give neore	est town)	
	Chever	ly	DOA	Kensingto	n	15° d		
	d. NAME OF HOSPIT	TAL OR INSTITUTION (If not in	haspital, give street oddress)	d. STREET ADDRESS			e. IS RESID ON A EA	
		eorge General		2808 McCom	as Ave.			NO 🔽
	NAME OF DECEASED	Eirst	Middle	Lost	4. DATE Mor	nth Do		
	(Type or print)	George	Fulton	Long	DEATH 3	I IS HINDED I VEAD		67
S.	2FX	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years last birthdoy)	Months Days	IF UNDER Hours	Min.
	Male	White V	VIDOWED DIVORCED	6-9-1915	57 yrs.	monnis Days	110013	mill.
1Do	. USUAL OCCUPATION	N (Give kind of work done	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (Stote of	r foreign country)	12. CITIZEN		
dug	ing most of working	life, even if retired)	Bergman's Laundry	011. +	n	COUNTRY	2	
	uperviso	) t	Bergman's Laundri	y Allentown,	Penna.	U.S.1	7.	
13.	EATHER'S NAME			14. MOTHER'S MAIDEN N	AME			
	gulton 1	Pana		Rachel She	a h h a h			
15.	WAS DECEASED EVE	ER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17	. INFORMANT	Add	ess		
(9 €		(If yes give wor or dotes of ser	vice)	M 11.11. A	2808 McC	OMES Ave	nue	
	No	None	226-16-2543	Mrs. Hilda Lo	14 Kensinal	on, Mary	land	
		EATH (Enter only one couse p	er line for (o), (b), ond (c).)			11)	IEKANT DEL	WEEN
	PAKT I. DEA	TH WAS CAUSED BY:	Heart failure			mž	nutes	EATH
	4200		Arteriosclerotic	heart dieses				yr
	Conditions, if ony	which gove )	WI CELIOSCIELOCIC	Meal C discuso		0.	VI /	, , , ,
	rise to immedio	te rouse (n)						
	stoting the unde	erlying couse DUE TO						
	lost.	) (c)						
	PART II. OTHER SI	IGNIFICANT CONDITIONS CONTR	RIBUTING TO DEATH BUT NOT RELATED T	O THE TERMINAL DISEASE COND	DITION GIVEN IN PART 1(o)	15	. WAS AUTO	
CERTIFICATION							PEREORMI YES	
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E	CAUSE OF DEATH.	Million III o						
MEDICAL	20c. TIME OF INJ	URY Month, Doy, Yeor	20d. INJURY OCCURRED 20e. I	PLACE OF INJURY (Home, form,	20f. (City or town)	(County)	(	State)
G W	Hour o.	m.		actory, street, office bldg., etc.)			,	
-	p.i		ot wark L ot work L					
	21. I certif	y that I took charge of	the remains described above,	held on Autopsy ,	Inspection x Inq	uiry 🔀, on	d in my	opinior
	death resul	ted from: Natural co	oses X / Accident S	vicide , Hamicide	Undetermined n	nonner 🗌		
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	SIGNATURE	- Lin	7 1 1 1	141. D.				
	EXAMINER'S	who we	D Discoule 3 - 3	DEPUTY MEDICAL			2.0	60
		ohn Kehoe, M.			city, town, or county)		3-9-	
230	BURIAL, CREMATI	ON 3b. DATE THEREO	E 23c. NAME OF CEMETERY (	OR CREMATORY	23d. LOCATION (City or To	own) (Count	y) (Si	tote)
C	REMOVAL (Specify remails on	March 13.	. 1967 Fort Line	oln Crematory	Prince Good	ges Co	Md	
			3000 0000		The second	7000	7 700 0	
24	FUNERAL DIRECTO	OR Och Bi	ADDRESS	2Sa. REC'D	BY REGISTRAR 2SbR	EGISTRAR'S SIGNATI	JRE	

Avenue Md.

2Sa. REC'D BY REGISTRAR DMAR 1 3 19

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necessary, please execute the certificate, writing the ward "pending"

TO DEPUTY MEDICAL EXAMINER:

Health priar ta burial, cremation, ar remaval, and in any event within 72 haurs after death.

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# MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

FOR STATE		04097		MEDI	CAL EXAMIN	AEK 2 CEN	CHIFICALE U	F DEATH	•		
HEALTH DEPT.		PLACE OF DEATH o. COUNTY					USUAL RESIDENCE (1	Where deceased live	b. COUNTY		
11/3/2	<u> </u>	Prince	George 's	3		YLAND	Maryland		Prince	Georg	e's
9 - 1 - 9		Prince  D. CITY OR TOWN (If out write RURAL ond give	side corporote limits,	5,	c. LENGTH OF STAY	IN 1b   c. (	CITY OR TOWN (If ou	itside corporate lim	ts, write RURAL or	nd give neores	t town)
p of t		Riverdale	neorest town)		DOA		Mt. Raini	er		16	-/
2, 2, P	Н	d. NAME OF HOSPITAL OF	INSTITUTION (If no	t in hospital, gi		d.	STREET ADDRESS				e. IS RESIDENCE
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hours ofter death. If uny delay lem 18. Give Poges 1, 2, orde Office olong with form PN3. I and Ewith, the State Department or death.	10o	HSHAL OCCUPATION (Give	kind of work done	10b. KIN	ND OE BUSINESS OR		. BIRTHPLACE (State	or foreign country)		12. CITIZEN OF	WHAT
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hin 24 ncil in niner's pages urs ofte	_	FATHER'S NAME			7.0 6111	14.	MOTHER'S MAIDEN	NAME			
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d wit in pe Exan File 2 hou	15	WAS DECEASED EVER IN U	S ARMED FORCES?	116.5	OCIAL SECURITY NO.	17. INFOR	MANT		Address		
sxecuted nding" ir Medical I permit.	(Ye	s, no, or unknown) (If ye	s give war or dates of	f service)				++ /=1-		1	
e executi pending" ef Medica isit permi					7-01-389	MI.	s.Eva Lo		ove ado		
T W Lit		18. CAUSE OF DEATH PART I. DEATH W	AS CALISED BY.					(Wife)		ON	ERVAL BETWEEN SET AND DEATH
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should be e ne word "per o the Chief I buriol-transit		440X	DUE	10 Hyper	rtensive a	rterios	sclerotic	heart di	sease	ur	nknown
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fication ing tring		lost.		(c)							
This certificate should be executed within 24 cate, writing the word "pending" in pencil in be farworded to the Chief Medical Examiner's I be used as a buriol-transit permit. File pages remayal, and in any event within 72 hours ofter		PART II. OTHER SIGNIE	CANT CONDITIONS CO	ONTRIBUTING TO	O DEATH BUT NOT REI	LATED TO THE TI	ERMINAL DISEASE CO	NDITION GIVEN IN F	'ART 1(o)	19.	WAS AUTOPSY
his certi ate, writ e farwol be used emaval,	N N		-						, ,	\ <sub>\</sub>	PERFORMED?
EXAMINER: This certificate, writing 4 should be farwo your files. Page 3 shauld be used cremotion, or remaval,	MEDICAL CERTIFICATION	20o. EXTERNAL CAUSE V	ZAV	Tank DEG	SCRIBE HOW INJURY O	CCHOPED (Entor	nature of injury in	Part Lor Part II of	item 18 l		10 LA
# 7 9 -	ERI	PRIMARY Or CONTRIB		200. DE3	CKIDE HOW INJUKT O	CCURRED. (LINE)	nature of injury in	ruit i oi ruit ii oi	nem 10.j		
INER: e certifi should files. 3 shauld tion, or	AI C	CAUSE OF DEATH.		1 00 1 111	NAME OF THE OWNER OWNER OF THE OWNER O	-0 01.45.05	and the second second	1 001 16:		16	(6)
AIN She he ofice of the ofice o	3	20c. TIME OF INJURY I	Month, Doy, Year	20d. IN While	JURY OCCURRED Not While		INJURY (Home, forn		or town)	(County)	(Stote)
AL EXAMINER: execute the cert r. Page 4 should for your files. OR: Page 3 shau iol, cremotion, a	Σ	p.m.	19	ot work		,,					
Page 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7.		21. I certify the	at I took charge	of the rem	noins described a	bove, held o	n Autapsy ,	Inspection 3	Inquiry	x, and	in my opinion
MEDICAL Release exect director. Postained for DIRECTOR: to buriol, a		death resulted f	ram: Natura	al causes X	, Accident	, Suicide	, Hamicide	Undete	rmined manne	er 🗍	
MEDICA please e director retained DIRECT IT to buri			1	1/2			CHIEF MEDICAL				
MEDI olease direct etaine DIREC		ACTUAL SIGNATURE	11 Ka-	19	0/1	7 M.	ASSISTANT MED	ICAL EXAMINER		1	22. DATE SIGNED
Y, y, rall rall AL			1	1			U.	AL EXAMINER 🔀			0 / 100
TO DEPUTY MED necessary, please the funeral direct 5 may be retaine TO FUNERAL DIRECT Health priar to b		EXAMINER'S John	/ Kehoe,	M.D.	Riverdale		Address (Stree	t, city, town, or cou	nty)	3-	-3-67
o D D The the Heal	230	BURIAL, CREMATION	23b. DATE THE	EREOE	23c. NAME OF CEM				(City or Tawn)	. ,	, , ,
525-0		REMOVAL (Specify) Burial	3/6/67	7	Ft.Line	coln c	eme terv	Colms	r Mano	or. Md	
14	24	. FUNERAL DIRECTOR	Nalley!		M ADDRESS M	Rain	emetery	BY REGISTRAR	2Sb. REGISTR	AR'S SIGNATUR	₹E
VR A15ME (5)		Funeral	Home I	nc.	men. A ret.	IIC	DATE MA	R 7' 19	67 gcl	iarles	Judge .
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William tel e, N.P. Liverinie, Mr.

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TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 haurs ofter death. If any deloy is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages land 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death. ALAGR

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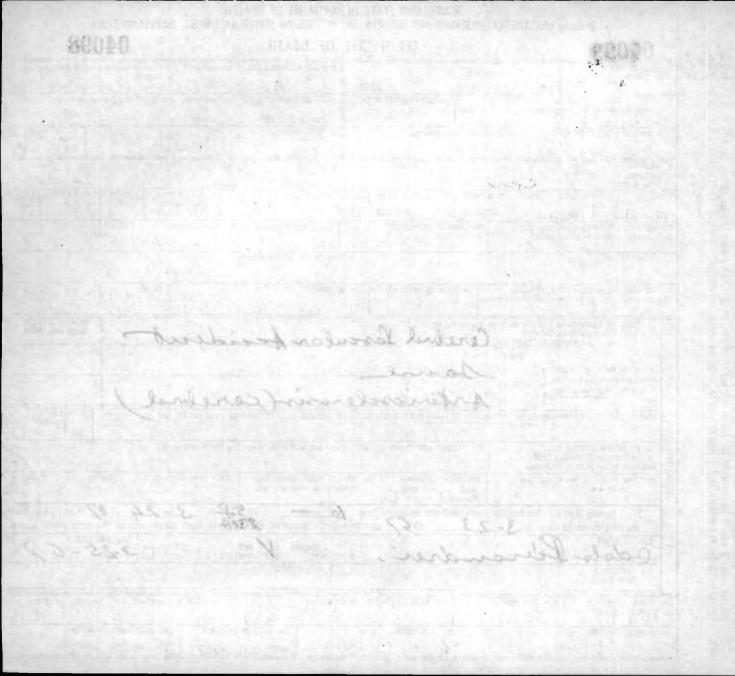
		MAKYLA	INIC ANN	E DEPAI	KIMENI	OF HEALTH	
VISION	OF	VITAL RECORD	s, 301 W.	PRESTON	STREET,	BALTIMORE, MARYLAND	2120
		MEDICAL	EYAMIN	IED'S C	EDTIEL	ATE OF DEATH	

0300	Q	Thoma	18 0 27	THE T	" G 301	2/27/	67 000		13	4113	11	
1. PLACE OF DEAT	Н	-16H3 -	18 & 21	, 111	2. USUAL RESIDI	NCE (When	re deceased live	d, if institut	on: Resider	nce before	admissi	ony
o. COUNTY	. C		****	NIAND	o STATE			b. COUN	ITY			1
	e George's  N (If outside corporate limits.		LENGTH OF STAY	RYLAND	Maryl	and			nce (			- 1
write RURAL	ond give neorest town)		ENGIN OF SIAT	IN 10	C. CITT OK TOWN	מוצועט זו) ו			CAL ONG GIV	е пеогезт	town)	
River			DOA		River		Ap	t 103		16	/	
d. NAME OF HOS	PITAL OR INSTITUTION (If not in	n hospital, give s	treet address)		d. STREET ADDRE	SS				6	ON A F	
Leland	Memorial Hos	spital			5420	55t.h	Place			,		NO X
3. NAME OF	First	7,2002	Middle		Lost		DATE	Mont	h	Day	Ye	or
(Type or print)	Thoma	35	Kevin		Lynch		OF DEATH	3		24		67
S. SEX		7. MARRIED	NEVER MARRIE		DATE OF BIRTH			In years	IF UNDER		IF UNDE	
		WIDOWED	DIVORCE	-0.	3-6-67			birthdoy)	Manths	Doys 18	Hours	Min.
male	white					(5		γις.	1 10 6		MAINT	
	ION (Give kind of work done ing life, even if retired)	INDUSTE	F BUSINESS OR		11. BIRTHPLACE		B .		12. CI	TIZEN OF	WHAI	
none		none			Washin	gton	υ		U	· · · A	•	
13. FATHER'S NAME					14. MOTHER'S MA	AIDEN NAM	E					
Willia	m P. Lynch				Cath	erine	Lacey					
IS WAS DECEASED	EVER IN ILS ARMED FORCES?	16. SOCIA	L SECURITY NO.	17. 1	NFORMANT			Addre	SS			
(Yes, noor unknow	n) (If yes give war or dotes of so	Amira)	ne	Wi	lliam P.	Lync	ch Same	as #2	2 (f	athe	r)	
Tio calles of	DEATH IT . 1	11 1 ( ) (	11 1/11		-					LAUTE	DUAL DE	DAIFEN
PART 1 D	DEATH (Enter only one couse DEATH WAS CAUSED BY:										RVAL BET	
Mar	IMMEDIATE CAUSE (o)	Unde	etermine	3α								
1750	DUE TO	,								100		
	iny, which gove (b)	SDII										
	iderlying couse DUE TO											
lost.	) (c)											
PART II. OTHER	RT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO					SE CONDIT	ON GIVEN IN P	ART 1(a)		19.	WAS AUT	OPSY
200. EXTERNAL PRIMARY or	***************************************							. ,			PERFORM S X	NO T
20o. EXTERNAL	CALISE WAS	Took DESCRIP	E HOW INITIDY C	OCCUPATION (	Enter noture of inju	uni in Dart	L on Dont II of	tom 10 \			J [AL]	140
PRIMARY Or	CONTRIBUTING	200. DESCRIBI	E HOAM INDUKT O	JCCOKKED. (	cities trotore or title	ory iii raii	I OF FOIT II OF	rein ro.)				
	Н.											
20c. TIME OF Hour	NJURY Month, Day, Year	20d. INJURY			E OF INJURY (Hom		20f. (City	or tawn)	(Co	unty)		(State)
W Hoor	p.m. 19	While of work	Not While of work	1000	ry, street, office bld	g., etc.)						
21 L cer	tify that I taok chorge		s described a	have he	d an Autonsy	v I	nspection X	Ing	iry X,	and	in my	aninio
	/	/	Acciden	_		nicide	_	mined m		٦	III IIIy	apino
Gedin les	Nulujar	ruoses 1	Accident	J, 301C1				minea in	unner [	1		
ACTUAL	Italy.	A	all.	- 0		EDICAL EXA				2	2. DATE	SIGNED
SIGNATURE _	Arvu	7/16	200	~	m.v.		EXAMINER				3-25	
EXAMINER'S	//	, ,					(AMINER X				)-47	,-0/
NAME (IYPE)	ohn Kehoe M.D	., River	dale, M	laryla	nd Address		y, tawn, ar cour					
23o. BURIAL, CREMA	YION, / 23b. DATE THERE	OF 23	c. NAME OF CEM	METERY OR O	REMATORY		23d. LOCATION			(County)	,	stote)
Buriat (Spe	(ify) / 3/27/6	7	Gate of	Hear	ren		Silver	Sprin	g Mon	tgom	ery	Md.
24. FUNERAL DIRE			ADDRESS				REGISTRAR	2Sb. RE	GISTRAR'S	GNATUR	E	
Francis	Gasch's Sons	Hyattsy	ville, M	id	M	AR 2	R 1967	000	10.00	0		

VR A15ME (5) 6M 1/67

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

A	7	0409	9		CERTI	IFICATE	OF DEATH			040	98	
l ond	9	a. COUNTY	ice Georg	ue	MA	RYLAND	2. USUAL RESIDENCE ( a. STATE May	Where decease	b. COLL		efare admission	in)
oges rs oft			(If outside corporate limit nd give nearest town)	is,	c. LENGTH OF STAY	/ IN 1b	c. CITY OR TOWN (If or	utside corporote	e limits, write RU	RAL ond give ne	arest town)	1
l in by ers. F 72 hou	-	d. NAME OF HOSP	ITAL OR INSTITUTION (If n	ot in hospital, gi	ve street address)		d. STREET ADDRESS	-th 0			e. IS RESID	ENCE ARM?
filled pope thin 72	0	618 3. NAME OF	10 - Str	eet	Middle		618 10 Last	4. DATE	HYEET	*h	YES Day Yec	NO 🔼
arbor		DECEASED (Type or print)		ace	Middle		mack	OF DEATH	3		24 196	_
complexe control	1	s. SEX Female	6. COLOR OR RACE	7. MARRIED [ WIDOWED [	NEVER MARR		1. DATE OF BIRTH		AGE (In years lost birthday) yrs.	Months Do	AR IF UNDER bys Haurs	Min.
an and ose ren nd in ar		IOg. USUAL OCCUPATION	N (Give kind af wark dane g life, even if retired)	10b. K1N	D OF BUSINESS OR USTRY		11. BIRTHPLACE (County	& State, ar fare		12. CITIZE COUNT	N OF WHAT	
physici nen ple oval, a		13. FATHER'S NAME	Solomo	10			14. MOTHER'S MAIDEN	NAME	1000		J. 1. 1	
e attending physiciar t permit. Then pleos stion, or removal, and			ER IN U.S. ARMED FORCES? (If yes give war ar dates		OCIAL SECURITY NO.	17. 1	NFORMANT I	cK	300   Addr	ess unn f	alis Pi	Kwy
physician. signed by th buriol-tronsi buriol, cremo		1B. CAUSE OF I PART I. DE 33/ Conditions, if an rise to immedia stating the und last.	DUE γ, which gave ite cause (a),		ame terra	sele	lar Ac	cer	ent		INTERVAL BET ONSET AND D	
by the hospital or attending fler this certificate has been be detoched for use os the Stote Dept. of Heolth prior to	3	PART II. OTHER	SIGNIFICANT CONDITIONS	CONTRIBUTING TO	DEATH BUT NOT R	ELATED TO T	HE TERMINAL DISEASE CO	NDITION GIVEN	IN PART 1(0)		19. WAS AUTO PERFORMI YES	OPSY ED?
hospital or certificate oched for u ept. of Heol		THE FILEFO MULLE	AS UNDERLYING  G  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY	OCCURRED.	Enter nature of injury in	Part 1 ar Part	II af item 1B.)			
the hor this controlled		Haur a	JURY Manth, Day, Year .m. 19	20d. INJ While at wark	Not While		E OF INJURY (Hame, farm ary, street, office bldg., etc.		(City ar tawn)	(Caunty	) (	(State)
D 7 7 0		21. I ceri	tify that (I) (this had	spitol) ottend		d from, , ond tho	deoth occurred at	195-10 230A M,	from couses	ond on the	thot (I) (dote stoted	we) los l obove
Page 4 moy be retained to FUNERAL DIRECTOR: A director, page 3 should should be filed with the	/	22a. SIGNATUR Q CO 22c. PHYSICIAN NAME (Typ	la Pier	one	drei	ه	ATTENDING PHYS.  22d. ADDRESS	MED. DIRECTOR [	STAFF PHYS.	22b. DATE 3-23	SIGNED	2
	R	23a. BURIAL, CREMAT REMOVAL (Speci	1 3/28	EREOF 167	23c. NAME OF CE	METERY OR O	emetery	23d. LOC	ATION (City or To	egistrar's sign	e (m	tote)
VR A15 (4) 20 M 1/66	M	Chart	L. James	en t	SOCKV.I	le N	1 d ADATED	0 1 196	7 gole	arles &	udge.	



# TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 haurs after death. If any delay is meessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to PYO the funeral director. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the state Department of Health prior to burial, crematian, or remaval, and in any event within 72 haurs after death.

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

04099

4100 MEDICAL EXAMINER'S CERTIFICATE OF D	DEATH
--	-------

	PLACE OF DEATH D. COUNTY				2. USUAL R	RESIDENCE (When	re deceased lived, if ins		nce befare	admission	n)
	_	ince Georg	ets	MARYLANI		and		county G	eorge	Is	
ŀ	b. CITY OR TOWN (	If autside carparate limits give nearest tawn)	ts,	c. LENGTH OF STAY IN 1b			e carparate limits, write	RURAL and gi	ve neorest t	own)	
	Cheverly	r		DOA	Berw	.vn			16-1		
(	. NAME OF HOSPIT	AL OR INSTITUTION (If r	at in haspital,	give street address)	d. STREET A			3000	e.	IS RESIDI	ENCE
	Prince G	eorge Gene	ral Ho	spital	8620	Baltimo	re Blvd.		YE		NO x
3. 1	NAME OF		irst	Middle	Last		DATE	Manth	Day	Year	
	Type or print)	Al	vin	James	Maggard		OF DEATH	3	9	196	7
S. S	SEX	6. COLOR OR RACE	7. MARRIED			IRTH	9. AGE (In year			F UNDER	
M	ale	White	WIDOWED		10-22-	1911	last birthday	*	Days	Haurs	Min.
10a.	USUAL OCCUPATION	(Give kind of work dane	10b.	KIND OF BUSINESS OR		PLACE (State or 1		12. C	ITIZEN OF V	VHAT	
durii	ng mast af warking Manage	life, even if retired)	Ga	NDUSTRY Station	V	irginia		C	U.S.	Α.	
	FATHER'S NAME					R'S MAIDEN NAM					
		IE E. MAGG	ARD				E HARPER				
15.	WAS DECEASED EVE	R IN U.S. ARMED FORCES	? 16	. SOCIAL SECURITY NO.	17. fNFORMANT			Address			
(Yes	YES	(If yes give war or dates	af service)		Roy A.	Green	App	alachia	i, Ba		
		EATH (Enter only one co	use per line fo	or (a), (b), and (c).)					INTER	VAL BETV	VEEN
		TH WAS CAUSED BY:  IMMEDIATE CAUSE	(o) Hea:	rt failure					min	AND DE	AIH
П	420	//		eriosclerotic	heart d	isease			over	1 m	0.
	Canditions, if any	, which gave )	(b)								
	rise to immediat stoting the unde		E TO								
	last.	)	(c)								
ا ـِـا	PART II. OTHER SI	GNIFICANT CONDITIONS	CONTRIBUTING	TO DEATH BUT NOT RELATED	TO THE TERMINAL	DISEASE CONDIT	ION GIVEN IN PART 1(d	)	19. W	AS AUTO	PSY
101									YES	RFORME	D?
E I	20a. EXTERNAL CA		20b. [	DESCRIBE HOW INJURY OCCUR	RED. (Enter nature	af injury in Part	I ar Part II af item 1B	.)			
MEDICAL CERTIFICATION	PRIMARY  ar CO CAUSE OF DEATH.	NTRIBUTING 🗆				,,		,			
DICA	20c. TIME OF INJU	JRY Manth, Day, Year			PLACE OF INJURY		20f. (City ar tawr	n) (Co	ounty)	(5	itate)
ME	p.r	n. 19	While at wo	e Nat While I	factory, street, affi	ce blag., etc.)					
	21. I certif	y that I took charg	ge of the re	mains described above	, held on Auta	psy , I	nspection 🔀,	nquiry 🕱 ,	and i	n my c	pinion
	deoth result	ted from: Notus	al sauses	X, Accident ,	Suicide	Homicide [	Undetermined	monner [		,	
П	4.6711.41	1	///		CH	IEF MEDICAL EXA	MINER		_		
	SIGNATURE	John	, /	Art	M.D. AS	SISTANT MEDICAL	EXAMINER		22.	DATES	IGNED
	EXAMINER'S 7	1/21	16 0	D	DE	PUTY MEDICAL EX	XAMINER X		2.7	0 / 12	
	NAME (Type)	onny kenoe,	M.D.	Riverdale, M	ld. Ad	dress (Street, cit	y, town, or county)		J-11	0-67	
23a.	BURIAL, CREMATIC	1 /		23c. NAME OF CEMETERY	OR CREMATORY		23d. LOCATION (City of		(Caunty)	,	ate)
	BURTAL	3-13-0	57	GLENCOE			BIG STONE	GAP,	VA.	•	
24.	. FUNERAL DIRECTO			ADDRESS		2Sa. REC'D BY	REGISTRAR 2Sb	REGISTRAR'S	SIGNATURE		
	GASCH'S			ore Ave.		DAMAK	3 1967	Jelian	Bo Ju	dge	
		Hyatt	sville	, Md.			1 4			-	

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# FOR ST any delay is and 3 % PM3. Pagg TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages land 2 with the State Department a the funeral director. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with farm

necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1,

TO DEPUTY MEDICAL EXAMINER:

This certificate shauld be executed within 24 haurs after death. If

04101

## MARYLAND STATE DEPARTMENT OF HEALTH TIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

04100

PLACE OF DEATH     COUNTY		g STATE	b CDUN	an: Residence befare admission) TY
Prince George's	MARYLAND	Maryland		ce George's
<ul> <li>CITY DR TOWN (If autside carparate limits, write RURAL and give nearest tawn)</li> </ul>	c. LENGTH DF STAY IN 16		side carparate limits, write RUR	AL and give nearest tawn)
Cheverly	DOA	Forestvi.	lle	/(e-/
d. NAME DF HDSPITAL DR INSTITUTION (If not in	haspital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
Prince George General	Hospital	3426 79th.	Avenue	YES NO 3t
3. NAME OF First DECEASED	Middle	Lasi	4. DATE Manth	,
(Type or print) Francis	Earl	Manion	DEATH 3	22 19 67
S. SEX 6. COLOR OR RACE 7.	MARRIED (A) NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years last birthday)	Manths Days Haurs Min.
male white "	IDDWED DIVORCED	28 Aug. 190	1 65 yrs.	
10a. USUAL OCCUPATION (Give kind af wark dane during mast af warking lite, even if retired)	TOB. KIND DF BUSINESS OR	11. BIRTHPLACE (State of	r fareign cauntry)	12. CITIZEN OF WHAT COUNTRY?
Lt. Fire Dept.	U.S. Gov.	Maryland		USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	-
Edward Manion		Mary Vange	leder	
IS. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, ar unknawn) (If yes give war ar dates af sen	lico)	INFORMANT	Addres	SS
(1 yes give war ar adres at seri	01	ie G. Manion	Same As # 2	
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)	Heart failure Arteriosclerotic	heart diseas	Э	over 1 year.
PART II OTHER SIGNIFICANT CONDITIONS CONTR			· ·	19. WAS AUTOPSY PERFORMED? YES NO K
20g. EXTERNAL CAUSE WAS PRIMARY  CAUSE OF DEATH.	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter nature af injury in P	art I ar Part II af item 18.)	
20c. TIME OF INJURY Manth, Day, Year Haur a.m. p.m. 19		ACE OF INJURY (Hame, farm, ctary, street, affice bldg., etc.)	20f. (City ar tawn)	(Caunty) (State)
21. I certify that I taak charge af	the remains described abave, h	eld an Autapsy 🔲 ,	Inspection 🔀 , Inqu	iry 🕱, and in my apinian
death resulted fram: Natural 96	ryses 🔀 , Agrident 🕖 , Sui	cide, Hamicide	, Undetermined mo	inner
ACTUAL A-	NI	CHIEF MEDICAL E		OR DARF COLUMN
SIGNATURE AAA	a levor.	MLD.	CAL EXAMINER	22. DATE SIGNED
EXAMINER'S NAME (Type) John Kelioe, M.		Address (Street,	city, tawn, ar caunty)	3-22-67
23a. BURIAL, CREMATION, 236. DATE THEREO			23d. LDCATION (City ar Tav	
Buria Pecify) /3/25/67	Wash. Nation		Prince Geor	
24. FUNERAL DIRECTOR Robert E. Wi	Thelm Futteral Home		/	GISTRAR'S SIGNATURE
4308 Suitland Road, St	itland Maryland	DATE R	27 1967 400	carles judge

VR A15ME (5)

5 may be retained far yaur files.

Health priar ta burial, crematian, or remaval, and in any event within 72 hours after death.

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH 04102 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and rive nearest town) non popers. Pag within 72 hours NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? efely filled in d. STREET ADDRESS NO X YES 3. NAME OF First Middle 4. DATE Month Doy Year DECEASED OF 196 (Type or print) DEATH D comp IF UNDER 1 YEAR IF UNDER 24 HRS cremation, or removal, and in any ever B. DATE OF BIRTH AGE (In years 5.\_SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED remove last birthday) Months Hours Doys WIDOWED DIVORCED puo 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT physicion o COUNTRY? during most of working life, even if retired) Hotel Ret Hot Hotel worker Greece 14. MOTHER'S MAIDEN NAME Unkown Unkown attending present. The 17. INFORMANT 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address permit. (Yes, no, or unknown) (If yes give wor or dotes of service) Joseph Marcus Same as #2 No CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the burial-transit ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate couse (a), DUE TO hos been see as the t stoting the underlying couse lost WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? CERTIFICATION Heolth | NO TO FUNERAL DIRECTOR: After this certificate 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) Dept. of 1 OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Home, form, (County) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (City or town) (Stote) Hour o.m. foctory, street, office bldg., etc.) Not While State [ at work at work pe 19 6 6. to. 21. I certify that (1) (this hospital) ottended the deceased from director, page 3 should should be filed with the and that death occurred of 9 AM, from couses and on the date stated above. sow the deceased olive on 22b. DATE SIGNED 220. SIGNATURE **ATTENDING** MED. STAFF DIRECTOR PHYS PHYS 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 0 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) ounty Md. 3/6/67 BURAGA 25b REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR ADDRESS 25o. REC'D BY REGISTRAR VR A15 (4) 8434 Ga. 20 M 1/66

after within 24 haurs executed OR ATTENDING PHYSICIAN: The law requires that the deoth certificate attending physician. the hospital or be retained O HOSPITAL

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	PLACE OF DEATH	#			2. USUAL RI	ESIDENCE (Whara	deceesed lived, If	institution: Resider	nce before admission
	PRINCE	GEORGES		MARYLAND	MARY	TAND	PRINCE	GEORGES	
	b. CITY OR TOWN	(if outside corporate limit d give neerest town)	s, c.	LENGTH OF STAY IN 1		TOWN (If outside co			
	YATTSVII	LLE			HYATT	SVILLE		1	6-1
	. NAME OF HOSPI	TAL OR INSTITUTION (i	f not in hospitel,	give street address)	d. STREET A	DDRESS		The second	. IS RESIDENCE ON A FARM?
		VOLLBROOK	DRIVE			NOLLBROO			YES NO
	NAME OF DECEASED	First		Middla	Last	4. DATE			Yeer
	(Type or print) SEX		INA		MARGUL]			1	
-		6. COLOR OR RACE			8. DATE OF BIRTH	1 1007	9. AGE (In years lest birthdey)	Months Days	Hours Min.
	EMALE USUAL OCCUPAT	WHITE	WIDOWED _	DIVORCED DIVORCED DIVORCED	TOV I 11 PIDTINGIA	CE (County & Steta,	79 yrs.	12 CITIZEN C	OF WHAT COUNTRY
do	ne during most of wo	orking life, even if retired	d)	OF BOSINESS OR HADOS			or roreign country)		
	MERCHAN T				POLA			1 USA	t
0	SIAS KA	ATZ			EVA BE				
15.	WAS DECEASED EV	ER IN U.S. ARMED FOR	CES?   16. SOC	IAL SECURITY NO. 17	INFORMANT	CON	Address		
(Ye	s, no, or unkown) (I	lfyes give war or dates of se	ervice)			GULIES-6	408 KNO	I I BROOK	DRIVE
		DEATH [Enter only one	cause per lina f	or (e), (b), and (c).]	and muli	COLITIONO	100 1410.	I IN	TERVAL BETWEEN NSET AND DEATH
	PART I. DEAT	TH WAS CAUSED BY: IMMEDIATE CAUSE (a)_	Co	BONAIZY A	RTERY	INFARCT	ion		i day
	4201	DUE TO							
	Conditions, if eny		HV	PERTENSIVE	ARTER	LOSCLERE	TIE PIS	EASE	JE YEARS
	gave rise to immed (e), steting the u	DITE TO							
	ceuse lest.	) (c)_							
CERTIFICATION	PART II. OTHE	R SIGNIFICANT CONDIT	TIONS CONTRIB	UTING TO DEATH BUT			E CONDITION GIV	EN IN PART 1(e)	PERFORMED?
FICA	20- ACCIDENT VA	(AC LINIDEDI VINIC ED I		RTIC ARC				211	YES NO Z
F	OR CONTRIBUTING	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER	20b. DESCRIE	BE HOW INJURY OCCUR	KED. (Enter nature o	finjury in Pert I or Pe	ort II of item IB.)		
ERI	(III EITHER, INGIIII	MEDICAL EXAMINER)		A STAN STAN				10	(6)
	20c. TIME OF INJU	JRY Month, Day, Yes	er   20d. INJU	RY OCCURRED   20e. P	LACE OF INJURY (H	ome, ferm, ! 20f. (C	ity or town)	(County)	(State)
	20c. TIME OF INJU		While	Not While f	LACE OF INJURY (Hectory, street, office		ity or town)	(County)	(51616)
	Hour e.m.	19	While et work	Not While f	ectory, street, office	bldg., atc.)			
	Hour e.m. p.m.	19 that (I) (this hospit	While et work	Not While of work the deceased from	ectory, street, office	bldg., atc.)	o	14.15 19.67,	that (I) (wa) la:
MEDICAL CERT	Hour e.m. p.m.	19	While et work	Not While of work the deceased from	nat death occurre	19 46 to d all sold a	o	14.15 19.67,	that (I) (wa) last te stated above.
	Hour e.m. p.m.  21. I certify the saw the decease 22e. SIGNATURE	19 that (I) (this hospit	While et work	Not While of work the deceased from	ectory, street, office	19 46 to d all sold a	o	14.15 19.67,	that (I) (wa) last te stated above.
	Hour e.m. p.m.  21. I certify the saw the decease 220. SIGNATURE 22c. PHYSICIAN'S	that (I) (this hospit sed alive on	While et work [al) attended	the deceased from 19.2, and the	at death occurred  ATTENDING PHYS.  22d. ADDR	d ap SM, fro	o	/4 /5 19 6 7, and on the da	that (I) (we) la: te stated above. 22b. DATE SIGNEI
MEDICAL	Hour e.m. p.m.  21. I certify the saw the decease 22e. SIGNATURE 22c. PHYSICIAN'S NAME (Type)	that (I) (this hospit sed alive on	While et work	the deceased from 19.2, and the	nat death occurre  M.D. ATTENDING PHYS.  22d. ADDR	MED.  MED.  MED.  DIRECTOR  MESS  JIS WISC	o	(4.15.19 kg, and on the da	that (I) (we) laste stated above.  22b. DATE SIGNED
MEDICAL	Hour e.m. p.m.  21. I certify the saw the decease the decease the decease the saw the	that (I) (this hospin sed alive on	While et work	the deceased from 19.2, and the Market Ma	at death occurre  M.D. ATTENDING PHYS. 22d. ADDR	MED.  MED.  MED.  MED.  MESS  ASSIS LOSS  23d. LO	o	HIS 19 ET, and on the da  (in ASH)  who or county)	that (I) (we) laste stated above.  22b. DATE SIGNED  NG TEN DC (State)
MEDICAL	Hour e.m. p.m.  21. I certify the saw the decease the decease the decease the saw	that (I) (this hospin sed alive on	While et work	the deceased from 19.2, and the	at death occurred  M.D. ATTENDING PHYS. 22d. ADDR  Y OR CREMAIORY.  NO CEMETI	MED.  MED.  MED.  MED.  MESS  ASSIS LOSS  23d. LO	o	MASH wn or county)  E, MAR	that (I) (we) laste stated above.  22b. DATE SIGNED  WGTEN DC  (Stete)

MARYLAND STATE DEPARTMENT OF HEALTH

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## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

FOR STATE
FOR STATE HEALTH DEPT.
HEALMI DELL.

any deloy

, 2, onu . n PM3. Page State Department of permit. File pages 1 and 2 with the burial-tronsit = 0 SD 5 may be retained for yaur files.

O FUNERAL DIRECTOR: Page 3 shauld be used

4 should be forworded to the Chief Medical Examiner's Office olong with form

MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death.

writing the word

the certificate,

funeral directar. Page

the

ACTUAL

SIGNATURE

NAME (Type)

23a. BURIAY, CREMATIO REMOVAL (Specify

John

Kehoe, M.D.

in pencil in Item 18. Give Pages 1,

within 72 hours ofter death. ony event cremation, or removol, Health priar

MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institu o. COUNTY o. STATE b. COUNTY Prince George's

b. CITY OR TOWN (If outside corporate limits,
write RURAL and give nearest town) Prince George's Maryland MARYLAND c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly DOA

d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) Fairmont Heights e. IS RESIDENCE ON A FARM? d. STREET ADDRESS YES NO S 1014 62nd, Place Prince George General Hospital 3. NAME OF 4 DATE Middle Lost Month Doy Year DECEASED 67 (Type or print) Ronald Massev DEATH S. SEX 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED B. DATE OF BIRTH NEVER MARRIED last birthdoy) Months Aug. 1956 WIDOWED Negro 10o. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR during most of working life, yen if retired) COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT 16. SOCIAL SECURITY NO (Yes, no, or unlehown) (If yes give wor or dates of service) INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),) PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (o) Drowning DUE TO Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse WAS AUTOPS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) PERFORMED? NO 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 1B.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. Drowned while swimming in creek. 20d. INJURY OCCURRED 2 20e. PLACE OF INJURY (Hame, farm, 20c. TIME OF INJURY Month, Dov. Year 20 CheverTy Md (County) (Stote) Hour o.m. While of work of work Cabin Branch creek, near 62nd. Ave. While Not While foctory, street, office bldg., etc.) 6:45 pm p.m. 3-14-21. I certify that I took charge of the remains described obove, held on Autopsy ... Inspection x, Inquiry x ond in my opinion Notural causes Accident x death resulted from: Suicide [ Homicide Undetermined monner

Riverdale, Md.

CHIEF MEDICAL EXAMINER

ASSISTANT MEDICAL EXAMINER

Address (Street, city, town, or county)

DEPUTY MEDICAL EXAMINER

22. DATE SIGNED

VR A15ME (5)

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# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is

FOR	STATE	ונו		4105	MEDI	CAL EXAMIN	IER'S	CERTIFICATE O	F DEATH	0/	104
IEALT	H DEPT.			LACE OF DEATH	•			2. USUAL RESIDENCE (V			dence before odmission) e George s
3 7	at a			Prince Georg	e's		'LAND				
any delay is 1, 2, and 3 to bas bas	Department af		р	. CITY OR TOWN (If outside corporate write RURAL and give nearest tow	limits,	c. LENGTH OF STAY I	N Ib	c. CITY OR TOWN (If ou		s, write RURAL and	give neorest town)
y a	art			Cheverly		DOA		Hyatts	ATTTE		16-1
ah 1, 2	e b	99	d	. NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
h. If jes forr	e e	1		Prince Geor					2nd Place		YES NO 🔀
Pag	# ]			AME OF ECEASED	First	Middle	-	Last	4. DATE OF	Manth	Doy Year
r d	5 ±		(	ype or print)	Benjamin			McClay	DEATH	March	11 19 67
rs after death. I 18. Give Pages	2 with the State oth.		s. s	ale 6. COLOR OR RA		NEVER MARRIED  DIVORCED	C. M. C.	7-1-92	9. AGE (	In years IF UNI pirthdoy) Month yrs.	DER 1 YEAR   IF UNDER 24 HRS.   S Days Hours Min.
24 hours after death. If in Item 18. Give Pages 1	raed to the United Medical Experiments Office a as a burial-transit permit. File pages land 2 wand in any event within 72 hours after death.		durin	USUAL OCCUPATION (Give kind of work g mast af working life, even if retired) Retired Audito		D OF BUSINESS OR USTRY Govern	2	11. 8IRTHPLACE (Stote Penn.	or foreign country)	12	COUNTRY? U.S.A.
ii ii	ages af		13.	FATHER'S NAME	71 000	· GOVCI	•	14. MOTHER'S MAIDEN N	AME		U. D. M.
within pencil	pd 6		1	ndrew E. McCl	0.37			Unk	nown		
A G 3	2 File	ŀ	15.	WAS DECEASED EVER IN U.S. ARMED FO	RCES? 16.50	OCIAL SECURITY NO.	17. IN	FORMANT	HOWII	Address	
g".	nit.		(Yes	, no, or unknown) (If yes give war or	lotes of service) 5	77-56-512	2). 1	Doris V. V	Jhi thev		
"pending"	nearcal Exon permit. File within 72 hou	- 1		18. CAUSE OF DEATH (Enter only o					- 47		INTERVAL BETWEEN
pel pel	burial-transit			PART I. DEATH WAS CAUSED BY IMMEDIATE		Heart fail	lure				ONSET AND DEATH minutes
200	tra			4200 IMMEDIATE	DUE TO	rour o rur.	41.0				114114000
UOL WO	rial			Conditions, if ony, which gove		Antenioso	lerot.	ic heart di	20250		unknown
e sl	2 2			rise to immediate couse (a), ( stating the underlying couse (	DUE TO	AL LEL LUSC.	LCLUU	re near to ur	ocase		
reat ng	as a			last.	(c)						
This certificate should be executed within cate, writing the word "pending" in pencil	age 4 should be forwarded to the chief medical exorminers office afold with form your files.  Page 3 should be used as a burial-transit permit. File pages land 2 with the State De cremation, or removal, and in any event within 72 hours after death.	2	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDIT		D DEATH BUT NOT REL	ATED TO TH	HE TERMINAL DISEASE CON	DITION GIVEN IN PA	ART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
	be	0	FICA	20o. EXTERNAL CAUSE WAS	20h DES	CRISE HOW INJURY O	CCURRED. (I	Enter nature of injury in F	Port I or Port II of i	tem 18.)	1 113 11 110 12
	ould		CERT	PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.						,	
INER: Thi e certificate chauld ba	files files sho		MEDICAL	20c. TIME OF INJURY Month, Doy, 1	eor 20d. INJ	JURY OCCURRED	20e. PLACI	E OF INJURY (Home, farm	. 20f. (City	or town)	(County) (Stote)
cessary, please execute the certify	your Page cremat		MED	Hour o.m. p.m.	19 While of work	Not While of work	focto	ry, street, office bldg., etc.)			
EX to S	ar y		1	21. I certify that I taak o	harge of the rem		oave, hele	d an Autapsy	Inspection 🗓	, Inquiry x	, and in my apinion
CAL	ECTOR: burial,	- 1		·	atural causes 🗶			de . Hamicide	_	mined manner	
SSe SSe	prained birect	- 1		1	21/ 7		,	CHIEF MEDICAL			
MEDI please	piretion retained DIRECT or to bur			ACTUAL SIGNATURE	AN	ry		M.D. ASSISTANT MEDI	CAL EXAMINER		22. DATE SIGNED
<u>J</u> 7,	ay be re INERAL Th prior	1		EVA MINED'S	11			DEPUTY MEDICA	L EXAMINER X		3-11-67
O DEPUT	may be retained far Funeral Director. Funeral Director: ealth prior to burial,	21			noe, M.D.				an down Modan	ty)	
O D nece	Fed F		230.	DEMOVAL (C _ J.: L. V	TE THEREOF	23c. NAME OF CEMI			23d. LOCATION	(City or Town)	(County) (Stote)
-	= 0				.4-67	Cedar F	Hill	Cemetery	Suit	land, Mo	
VR	A15ME		24.	FUNERAL DIRECTOR		ADDRESS		25g RECD	1 6 1967	255 COCOSPAR	Caignaturage
	6M 1/67		Le	ee Funeral Hom	ie W	lashingto	on, I	D.C. DATE	20 1001	0	0

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TO HOSPITAL OR ALTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funerat director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A1S (4)

MARYLAND STATE DEPARTMENT	OF	HEALT	H
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	MAR	YLAND STATE DEPARTMEN	T OF HEALT	H
DIVISION OF STA	TISTICAL RESE	ARCH AND RECORDS, 301 W. PRE	STON STREET,	BALTIMORE 1, MARYLAND
04106		CERTIFICATE OF DEA	ATH	04107

	PLACE OF DEATH	2. t	SUAL RESIDENCE (V	Whare deceased fivad, If institution:	Rasidence bafora admission)
	a. COUNTY	MARYLAND	STATE MAN.	b. COUNTY)	0,
-	The state of the s		CITY OR TOWN (II) outs	side corporate limits, write RURAL as	7/4
	write RURAL and give nearest flown)	E	21		
-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give stri		STREET ADDRESS	1/	. IS RESIDENCE
^		iai address)	ILICADARESS	1 +1	ON A FARM?
1	5418 Macbeth Street		718, 1018	enell,	YES NO
	A	ORIA MC	11/11/11	DATE OF Munch	3/ 1967
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER	MARRIED   8. DATE	OF BIRTH	9. AGE (In years   IF UNDER	
	WIDOWED D	VORCED   May	27 1884	A 82 yrs. Months	Days Hours Min.
10a	. USUAL OCCUPATION (Give kind of work   106. KIND OF BUSIN	IESS OR INDUSTRY 11.	BIRTHPLACE (County & S	State, or foraign country)   12. Cl	TIZEN OF WHAT COUNTRY?
40	one during most of working life, even if retired)	m 8 -	MAZLVI :	and I	
13.	FATHER'S NAME	14. /	AOTHER'S MAIDEN NAM	E	
	Parked Tink		112.1120	1/0 silar	
15.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SEC	URITY NO.   17. INFOR	MANT	Address	
	as, no, or unkown) (Ifyesgivawarordatesofservica)	Conra			cot City.Md.
	18. CAUSE OF DEATH [Entar only one causa par fine for (a), (b)		d D. MCOI	dig-son hilli	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	short de	- Hay	Passo_	ONSET AND DEATH
	IMMEDIATE CAUSE (a)	an I fee	vy f		10anyi
	700 DUE TO // Then	war Vant	i Heunt	Dineurs	5 in
	Conditions, if any, which gave rise to immediate causa	occero w	o penon	or must	11/10
	(a), steting the undarlying DUE TO	· nelen	2.		
	causa last. (c) WWW [	excero.	us		
NO NO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING T	O DEATH BUT NOT RELA	TED TO THE TERMINAL D	DISEASE CONDITION GIVEN IN PAI	RT 1(a) 19. WAS AUTOPSY PERFORMED?
S					YES NO
CERTIFICATION	20e. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	INJURY OCCURRED. (Ent	ar natura of Injury in Part	I or Part II of itam 18.)	
A.	20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCC	URRED   20e. PLACE OF	INJURY (Homa, farm, † 2	Of. (City or town) (Co	unfy) (Stata)
MEDICAL	Hour a.m. Whila Not Wh	ila factory, str	eat, offica bldg., atc.)		
×	p.m. 19 at work at wor		1	9 1.1	/2
	21. I certify that (I) (this hospital) attended the de	7	4 . 4 .	1	Ca./., that (I) (Ame) last
	saw the deceased alive on	, and that death	occurred a	7, from the causes and on	
	22a SIGNATURE		TTENDING MED.	STAFF -	22b. DATE SIGNED
	VIVIUM // JANE	M.D.	HYS. DIRECT	TOR   PHYS.   MA	23/1967
/	22c. PHYSICIAN'S B. BURCH	+ 4	05 A St.	S.E. Wash	3, D.C.
238		E OF CEMETERY OR CR	EMATORY 23	d. LOCATION (City, town or cour	nty) (Stete)
Bi	urial (Spacify) 4-3-67 Meado	W Ridge M	emo. Cem.	Elkridge, Md.	16-21-17-26-3
24	FUNERAL DIRECTOR'S SIGNATURE ADDI		25a. REC'D BY	Y REGISTRAR 256. REGISTRAR'S	SIGNATURE
T	ee Fun. Home 300 4th St., N	E.Wash.D.	C. ARR 5	1967 Johnson	Judge.

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# MARYLAND STATE DEPARTMENT OF HEALTH VISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2120

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 04107 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY o. STATE b. COUNTY Prince George's Maryland Anne Arundel O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after carban papers. Pages I MARYLAND b. CITY OR TOWN (If outside corparate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) 8 days Cheverly Deale filled in I d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON\_A FARM? Prince George's General Hospital Mason Beach Road 3. NAME OF Middle 4. DATE Lost Doy campletely DECEASED Iva McDaniel (Type or print) March 19 67 DEATH S SEX 6. COLOR OR RACE 8. DATE OF 8IRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED remove any ex 7 dost birthdoy) 11/8/96 Months Doys Hours White Female WIDOWED DIVORCED physicion and chen please rem 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. 8IRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT ondin during most of working life, even if retired) INDUSTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN, NAME or removal, ottending p 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service buriol, cremotian, 18. CAUSE OF DEATH (Enter only one couse per line for (g) buriol-transit PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Page 4 moy be retained by the hospital or attending physician. DUE TO signed Canditions, if ony, which gave rise to immediate couse (a). DUF TO stoting the underlying couse os the this certificate hos been WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) Health NO 20o. ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I ar Part II of item 18.) of OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) Dept. (County) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (Stote) Hour a.m. foctory, street, office bldg., etc.) Not While Stote After ot wark of work to March 4 , 1967, that (I) (we) last 21. I certify that (1) (this haspital) attended the deceased fram. directar, page 3 shauld shauld be filed with the and that death occurred at 2:25 M, fram causes and an the date stated above. FUNERAL DIRECTOR: saw the deceased alive an 22a. SIGNATURE 22b. DATE SIGNED M.D. DIRECTOR 22d. ADDRESS 22c, PHYSICIAN'S NAME (Type) 230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) County) (Stote) REMOVAL (Specify) PRIEIDOSHIP ICHIDSHIP 2 24. FUNERAL DIRECTOR VR A15 (4)

25M 1/67

20146 Amade Wenablands Co.

# MARYLAND STATE DEPARTMENT OF HEALTH

MARYLAND

c. LENGTH OF STAY IN 1b

NEVER MARRIED

10b. KIND OF BUSINESS OR INDUSTRY own home

16. SOCIAL SECURITY NO.

20b. DESCRIBE HOW INJURY OCCURRED.

Not While

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WIDOWED TO

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

14108 C **O HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician. death completely filled in by the funeral ove carban papers. Pages 1 and PLACE OF DEATH Prince George's please remove carban papers. Pages 1 II, and in any event, within 72 haurs after b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) Prince George's General Hospital NAME OF DECEASED (Type or print) Cora S. SEX 6. COLOR OR RACE White Female attending physician and permit. Then please rem 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewile 13. FATHER'S NAME burial, crematian, ar remaval, Wilmer Rowe 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, now runknown) (If yes give wor or dotes of service) 578 03 3273 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY: burial-transit IMMEDIATE CAUSE (o) signed by 4201 DUE TO Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse directar, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health priar ta O FUNERAL DIRECTOR: After this certificate has been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Yeor Hour o.m. 21. I certify that (I) (this hospital) attended the deceased fram

CERTIFICATE

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1 1b	c. CITY	OR TOWN (If ou	tside corp	orote lim	its, write RUR	AL ond giv	re neores	t town)	-118
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		EET ADDRESS						e. IS RESID	
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		Last	4. DAT		Mont	h	Doy	Yea	r
7	McKi	nney	OF DEA	TH	Marc	h	1.	196	7
		OF BIRTH		9. AGE	(In years	IF UNDER		IF UNDER	
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TED TO T	HE TERM	INAL DISEASE COI	NDITION G	IVEN IN	PART 1(o)			WAS AUTO PERFORMI ES 😧	
CURRED. (	Enter no	ture of injury in	Port I or I	Part II of	item 18.)				
		URY (Home, forn t, office bldg., etc.		. (Cit	y or town)	(Co	ounty)	(	Stote)
ram nd that	death	occurred at	9:50	M, fro	arch 1	and an t	he dat	e stated	ve) la: abave
\ MD	ATTE	ENDING D	MED.		STAFF PHYS	226	ATE SIGN	ED / 9	769

saw the	deceased ali	ve an March	19 07, and	that	death occur	red at
220. SIGNATU	IRE Moun	9/	Melana	M.D.	ATTENDING PHYS.	X
22c PHYSICIA	2.11				22d, ADDR	ESS

20d. INJURY OCCURRED

4714-71st Ave. Landover Hills, Maryland

23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) March 4, 1967

NAME (Type)Thomas G. Maloney, M.D.

Rock Creek Cemetery 2So. REC'D BY REGISTRAR **ADDRESS** 

23d. LOCATION (City or Town) Washington D. C.

(County) (Stote)

Ochanles Judg

24. FUNERAL DIRECTOR F. Gasch's Sons

Hyattsville, Md.

MAR 6 1967

VR A15 (4) 25M 1/67

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OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death.

villing 72 hours **TO FUNERAL DIRECTOR:** After this certificate has been signed by the ottending physicion and completely filled in by director, page 3 should be detached for use as the buriol-transit permit. Then please remove cordan papers. Pahould be filed with the State Dept. of Health prior to burial, cremation, or removol, and in ony event, withhin 2 hour Page 4 may be retained by the hospitol or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVICION OF VITAL DECORDS

U4109		CERTIFICATE	OF DEATH	0	14108
PLACE OF DEATH     O. COUNTY	Prince George	MARYLAND	2. USUAL RESIDENCE (V	Where deceosed lived, if institution yland b. COUNTY	n: Residence before odmission)  Y Prince Georg
b. CITY OR TOWN CHEEVERING	(If outside corporote limits, ad give neorest town)	c. LENGTH OF STAY IN 1b	C. CITY OR TOWN (If our Brentwood	utside corporate limits, write RURA od	L ond give nearest fown)
	TAL OR INSTITUTION (If not in hospito George General H		d. STREET ADDRESS 3700 Tile	den Street	e. IS RESIDENCE ON A FARM? YES NO 🔀
3. NAME OF DECEASED (Type or print)	George	D McMi	ichael Lost	4. DATE Month OF Ma:	rch 23, Year 67
S. SEX Male	6. COLOR OR RACE 7. MARRIE WIDOWE		B. DATE OF BIRTH Dec 3, 188	1 1 1 1 1	Months Doys Hours Min.
100. USUAL OCCUPATIO	N (Give kind of work done 10b.	KIND OF BUSINESS OR INTERNATIONAL CO.	11. BIRTHPLACE (County Georgia	& Stote, or foreign country)	12. CITIZEN OF WHAT
13. FATHER'S NAME John V.	McMichael		14. MOTHER'S MAIDEN Eliz	NAME Zabeth Cheek	
1S. WAS DECEASED EV (Yes, no, or unknown)	(ER IN U.S. ARMED FORCES? (If yes give wor or dotes of service)	6. SOCIAL SECURITY NO. 17. 78 48 5516 Ge	informant eorge W. M	cMichael Sam	
18. CAUSE OF D PART I. DE/	DEATH (Enter only one couse per line SATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	for (o), (b), and (c).)	worz Lac	re.	ONSET AND DEATH
200/ Conditions, if on	y, which gove ) DUE TO	Encytope	nia		4 weeks
rise to immedio stoting the under last.		Lymphos	sarcom	a,	4 weeks
PART II. OTHER S	SIGNIFICANT CONDITIONS CONTRIBUTION	G TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE COL	NDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES  NO
OR CONTRIBUTING	AS UNDERLYING   G  CAUSE OF DEATH Y MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in	Port I or Part II of item 1B.)	,
20c. TIME OF IN.	MINY March Day Varia 201		ACE OF INJURY (Home, forn tory, street, office bldg., etc.		(County) (Stote)
21. I cert	ify that (1) (this hospital) atte	ended the deceased tram	, 1 at death occurred at	19 47, to March 2:10/3M, fram causes an	nd on the date stated above
226 SIGNATURE (SEMA)	A 1/1 .	eller m	.D. PHYS.	MED. STAFF DIRECTOR PHYS.	22b. DATE SIGNED March 23 67
22c. PHYSICIAN' NAME (Type		ller	22d. ADDRESS	t Rainier, Md.	
23a. BURIAL, CREMATI Bu <b>riyay</b> l (Specif		23c. NAME OF CEMETERY OR Ft. Lincoln		Colmar Mano	
24. FUNERAL DIRECT	OR Gasch's Sons H	yattsville, Md.	2So. REC'I	- ~ (VA)	ISTRAR'S SIGNATURE

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er death	L L L L L L L L L L L L L L L L L L L	1. PLACE OF DEATH O. COUNTY PRINCE GEORGE MARYLAND	2. USUAL RE a. STATE
naurs after	Pages aurs aft	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  FORRESTVILLE  C. LENGTH OF STAY IN 1b	c. CITY OR TO
4 b	f in Sers.	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET AD

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	PLACE OF DEATH			re deceosed lived, if institution:	Residence before admission)			
	O. COUNTY PRINCE (	TEORGE MARYLAND	a. STATE MARYL	and b. COUNTY	PRINCE GEORGE			
	b. CITY OR TOWN (If outside corporate limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If oursid	le corparote limits, write RURAL o	and give nearest tawn)			
	write RURAL and give nearest town) FORRESTVI	ille 4 days	Hillcrest	HEIGHTS	1/2/1			
	d. NAME OF HOSPITAL OR INSTITUTION (If not in h		d. STREET ADDRESS		e. IS RESIDENCE			
	legent Nursing & Rehal			IXON ST.	ON A FARM? YES NO			
1	NAME OF First	Middle		DATE Month	Day Year			
	DECEASED LI = 1		MERRICK 1	OF 3	24 1967			
5	(Type at print)		DATE OF BIRTH	UEAIR	UNDER 1 YEAR   IF UNDER 24 HRS.			
1		IDOWED DIVORCED	1-18-188	lost birthdoy) Mo	onths Doys Hours Min.			
100	W			01 712	12. CITIZEN OF WHAT			
	o. USUAL OCCUPATION (Give kind of wark done ring most of warking life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & St		COUNTRY			
	HOUSELINFE.	NONE		usylvania	U.S.A.			
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAM					
	JOSEPH SPIESM		CATHERINE					
	. WAS DECEASED EVER IN U.S. ARMED FORCES? es, no, or unknown) ((If yes give wor ar dotes of servi		NFORMANT	Address	11 A			
1	NO	208-14-0455 MRS	ED. J. KAN	E GOSHEN RA	NEWTOWN SQUAREL			
	18. CAUSE OF DEATH (Enter only one couse per	r line for (o), (b), ond (c).)	· //	,	INTERVAL BETWEEN			
1	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	1 and	ac al	mest	ONSET AND DEATH			
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	Canditions, if ony, which gove ) (b)	acute	Cosonary	occlusion.				
	rise to immediate couse (a), Stating the underlying couse			0				
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-	PART II. OTHER SIGNIFICANT CONDITIONS CONTRI	BUTING TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CONDIT	TON GIVEN IN PART 1(o)	19. WAS AUTOPSY			
CERTIFICATION	C.V.A	left hemips	, )		PERFORMED?			
FICA	20o. ACCIDENT WAS UNDERLYING □	20b. DESCRIBE HOW INJURY OCCURRED. (		I or Port II of item 18.)	1 [] []			
CERT	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)							
B	20c. TIME OF INJURY Month, Doy, Year	20d. INJURY OCCURRED 20e. PLAC	E OF INJURY (Hame, farm,	20f. (City or town)	(County) (State)			
MEDICAL	Hour o.m.	While Not While focto	ory, street, office bldg., etc.)	(5.1) 51 15111/	(20010)			
	p.m.	at work U ot work U		10	10 AL-A /IV / V 2			
	21. I certify that (I) (this hospital)	) dirended the deceased from	death accurred at 6	to	., 19, that (I) (we) last			
	sow the deceased alive on 19, and that death accurred at 5-45 P.M., from couses and on the date stated above.							
	ATTENDING MED. STAFF 10 2 19 1(1/1)							
	22c. PHYSICIAN'S	men M.D.	PHYS. L DIR	RECTOR L PHYS.	4-11-			
1	NAME (Type)	( 1 NIINCH	HIN 6(c	ONMARI 1	RAPAPIKESE			
22	o. BURIAL CREMATION 23b. DATE THEREOF	1 224 NAME OF CONTERN OR	DEHAZODY	224 LOCATION (C)	(County) (County)			
23	REMOVAL (Specify)	d to 1	KEMATORY	23d. LOCATION (City or Town)	(County) (Stote)			
2	ASTACK TIPES	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	A a lace proints	PROJETIAN OCH PROJET	DELAWARE - TA.			
2	4. FUNERAL DIRECTOR	5550 CROAR	AVE 250. REC'D BY	REGISTRAK ZSB REGIST	RAR'S SIGNATURE			
1	15 cree 1 - 1900 11	O PRILA.	DAIL O	U) HARVAN	1			

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filler directar, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban pag shauld be filed with the State Dept. af Health priar to burial, crematian, ar remaval, and invany event, within **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 'Page 4 may be retained by the haspital ar attending physician. VR A15 (4) 25M 1/67

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# MARYLAND STATE DEPARTMENT OF HEALTH

	2
TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is	
please execute the certificate, writing the word "pending" in pencil in Item 18. Give Poges 1, 2, and 3 to	
director. Page 4 shauld be farwarded ta the Chief Medical Examiner's Office along with farm PM3. Poge	1
5 may be retained far your files.	
DIRECTOR: Page 3 should be used as a burial-transit permit. File pages Land 2 with the State Department of	
Health prior to burial, cremotion, ar removal, and in any event within 72 hours tree death.	

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY Prince George's a. STATE b. COUNTY Maryland Prince George's MARYLAND b. CITY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Cheverly

d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) DOA Bronx. New York e. IS RESIDENCE ON A FARM? d STREET ADDRESS YES NO X 1934 Yates Avenue Prince George's Hospital NAME OF Middle Lost Day DECEASED 10 1967 NMT March Joseph Mischel. (Type or print) DEATH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS S SEX 7. MARRIED T 8 DATE OF BIRTH 6. CDLOR OR RACE NEVER MARRIED lost birthdoy) Months Hours March 19. 1900 WIDOWED DIVORCED white male 11. BIRTHPLACE (State or fareign country) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 10o USUAL DCCUPATION (Give kind of work done USA. during got of working life, even if retired) Homes Hungary 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Matthew Mischel Katherine Scheurich 17 INFORMANT 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yeshing or unknown) ((If yes give wor or dotes of service) 115 12 4993 Florence L. Mischel Same as #2 (wife) INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART 1. DEATH WAS CAUSED BY: QNSET AND DEATH Heart failure minutes IMMEDIATE CAUSE (o) DUE TO Arteriosclerotic heart disease over 13 yrs Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NDT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) NO 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I ar Part II of item 18.) PRIMARY CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, (City or tawn) (County) (Stote) Hour o.m. Not While factory, street, office bldg., etc.) at work Inspection X Inquiry X 21. I certify that I took charge of the remains described above, held on Autopsy and in my opinion deoth resulted from: Noturat couses x Accident Suicide [ Homicide Undetermined monner

SIGNATURE **EXAMINER'S** John Kehoe, M.D. NAME (Type) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATOR 23o. BURIAL CREMATION.

Francis Gasch's Sons Hyattsville, Md.

RieverdailyeownMdcounty) 23d. LOCATION (City or Town) Bronx

(County) (State) N.Y.

22. DATE SIGNED

3-11-67

3/14/67 Woodlawn ADDRESS

MARRE10 4 RE1967

DATE

CHIEF MEDICAL EXAMINER

ASSISTANT MEDICAL EXAMINER

DEPUTY MEDICAL EXAMINER

VR A15ME (5)

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Burial (Spec

24 FUNERAL DIRECTOR

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STATE DEPARTMENT OF HEALTH

VITAL

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	PLACE OF DEATH					2. USUAL RESIDENCE	(Where dec	eased lived, if in	stitution: kestu	ence before	odmissio	n)
	a. COUNTY Prince	George's		MARYL	AND	o. STATE Maryla	nd		COUNTY	Georg	ale	
$\vdash$		If outside corporate limits,		c. LENGTH OF STAY IN		c. CITY OR TOWN (If						
		give neorest town)		DOA	il.					11	,	
-	d NAME OF HOSPIT	AL OR INSTITUTION (If not in	hospital give	DOA street oddress)		Bradbu d. STREET ADDRESS	ry He	lgnts		16-1	IS RESID	ENCE
		George's Ge	_			5210 A	lton	Street			ON A FA	
	NAME OF	First		Middle		Lost	4. DAT		Month	Doy	Yea	r
	DECEASED (Type or print)	Joseph		Walter	Mi	siewicz .	OF DEA	TH	3	1.7	19 6	7
· 5.	SEX		MARRIED	NEVER MARRIED		DATE OF BIRTH -	1941	9. AGE (In yeo			FUNDER	24 HRS.
	male	***************************************	WIDOWED _	DIVORCED	X Z	Nov 19	1411	lost birthda	rs.	'	Hours	Min.
	ing mas of working	(Give kind of work done life, even if retired)	10b. KIND INDU	OF BUSINESS OR STRY		11. BIRTHPLACE (Sto	te or foreigr	country)		CITIZEN OF W	/HAT	
13.	FATHER'S NAME					14. MOTHER'S MAIDEN	NAME A	•				
	mas	Itar mis	eur	4		/telen	2	unda	- 1			
15.	WAS DECEASED EVE	R IN U.S. ARMED FORCES? (If yes give wor or dotes of ser	16. SOC	CIAL SECURITY NO.	17. INI	ORMANT			Address	1		^
(,,	63, 110, 01 011KHOWII)	(ii yes give wor or dores or ser	129	-14-5-49	3 1/2	oltor m	ne	ween to	ret 13	lease	nto	Pa
		EATH (Enter only one couse p	er line for (o)	), (b), ond (c).)				1			VAL BETY	
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	Conditions, if ony,	, which gove ) (h)	Bilat.	eral Hemo	thora	Y						
	rise to immediat	e couse (o), (		VIGI TOMO	DATE OF							
	stoting the under	riying couse	Multi	ple Rib f	ractu	res (Train	ma -	auto aco	ident)			
	PART II. OTHER SI	GNIFICANT CONDITIONS CONTI									AS AUTO	PSY
CERTIFICATION	, and an other st		illorinto 10	DEATH DOT NOT KEEN		. TERMINE DISERSE C	0110111011	11211 111 11111 1/0	1		RFORME	D?
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ERTI	20o. EXTERNAL CAUSE WAS  PRIMARY   or CONTRIBUTING □  20b. DESCRIBE HOW INJURY OCCURRED.								.]			
	CAUSE OF DEATH.			enger in					1 11			
MEDICAL	Hour o.n	JRY Month, Day, Year n.	While C	· · · · · · · · · · · · · · · · · · ·		OF INJURY (Hame, fo		. (City or town	,	ounty)	,	State)
×	11:50pm	n. 3-10 1967	ot work L		U.S.	Rte. I a	t Rite	. 193		P.G.	I,	ld.
	21. I certify	y that I took charge of	the remo	ins described obo	ove, held	an Autopsy	, Inspe	ction X,	Inquiry X	ond in	n my	pinion
	death result	red from: Noturol	Puses .	Accident X,	Suicid	e, Homicid	le 🔲,	Undetermined	manner [			
	ACTUAL	11 /	M	100		CHIEF MEDICA	AL EXAMINE	R 🗀				
	SIGNATURE	Man	112	NVI		M.D. ASSISTANT M	EDICAL EXAM	AINER			DATE :	
	EXAMINER'S	/1/01	/	/		DEPUTY MEDI	ICAL EXAMIN	IER X		3	-11-	-67
	NAME (Type) JC	hn Kehoe M.D	., Riv	erdale, M	aryla	nd Address (Stre	et, city, tow	vn, or county)				
230	REMOVAL (Specify	DN, 23b. DATE THEREO	5/ 11	23c, NAME OF CEMET	ERY OR CR	EMATORY	23d.	LOCATION (City o	r Town)	(County)	(St	ote
		12-14-1	16/	runfag	way	y Emely	Cer	it loute	uglan 1-	up ni	Tel	10
24	FUNERAL DIRECTO	10 L 1 A	.10	ADDRESS BA		. /	C'D BY REGI	STRAR 2Sb	EGISTRAR'S			
	mickel	1: Skellene de	4 Engle	フナルナナム	eseri	Faz. MAR	17	1967	Charle	V Jus	A.	

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TO DEPUTY MEDICAL EXAMINER:

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# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 0.4119 04112

				1 1 4
1. PLACE OF DEATH  •. COUNTY  PRINCE GEORGES  MARYLAND	e. STATE MARY		COUNTY	sidence before admission) E GEORGES
b. CITY OR TOWN (if outside corporate limits,   c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (III			
write RURAL end give nearest town)			ins, wine KOKAL and	give meatest town,
HIICREST HEIGHTS		T HEIGHTS		16-1
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
5517 24th AVENUE	5517 24t	h AVENUE		YES NO XX
3. NAME OF First Middle	Last	4. DATE	Month	Day Year
(Type or print)  BLANCHE SCULLIN MORGAN		OF DEATH		7 19 67
5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED     B.	DATE OF BIRTH		In years   IF UNDER 1 )	YEAR IF UNDER 24 HRS.
FEMALE WHITE WIDOWED DIVORCED K	APRIL 16. 1		yrs.	dys Hours Mill.
10a. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Count	y & State, or foreign	country)   12. CITIZ	ZEN OF WHAT COUNTRY
RETIRED SCHOOL TEACHER SCHOOL	WEST VIRGI			USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN N	AME		
JOHN ROBERT SCULLIN	CLARA R.	PICKENS		
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. 11	NFORMANT		Address	
(Yes, no, or unkown) (Ifyesgive were rdates of service) NO CHA	RLES R. SCUL	LINS SAN	ME AS # 2	
18. CAUSE OF DEATH [Enter only one cause per Jine for (a), (b), and (c).]  PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)	escuoma	of the &	liver	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which give rise to immediate cause	oma of the	e cole	7	1 year
(e), stating the underlying DUE TO cause last.				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO  20e. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	T RELATED TO THE TERMIN	AL DISEASE CONDIT	TON GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED? YES NO
200. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURED. OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	(Enter nature of injury in P	art I or Part II of item	18.)	
	CE OF INJURY (Home, farm, pry, street, office bldg., etc.)		n) (Coun	(State)
21. I certify that (I) (this hospital) attended the deceased fromsaw the deceased alive on			, , , , , , , , , , , , , , , , , , , ,	that (1) (we) last date stated above.
220. SIGNATURE Tranky and M.	D. PHYS. DI	AED. STA		3/ 7/67
22c. PHYSICIAN'S Frank J TalbotM	22d. ADDRESS 4273	Branch	Ave M	Lkights M
236. BURIAL, CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY CREMOVAL (Specify) BURIAL March 11,1967 MT. OLIVET CE	OR CREMATORY		(City, lown or county)	
	TLAND 25 RES		256. REGISTRAR'S S	
The state of the s	105 - 006 1050			V

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### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY n. STATE b. COUNTY Maryland Prince George's MARYLAND Anne Arundel Ahe State Department b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) and DOA Cheverly Harwood d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d STREET ADDRESS the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 3 4 shauld be farwarded ta the Chief Medical Examiner's Office alang with farm Prince George General Hospital Box 25A. Sands Road be executed within 24 haurs after death. 3. NAME OF Middle Lost Month DECEASED Myles DEATH (Type or print) Helen 6. COLOR OR RACE B. DATE OF BIRTH AGE (In yeors IF LINDER 7. MARRIED NEVER MARRIED permit. File pages 1 and 2 with lost birthdoy) Months death. WIDOWED DIVORCED Female Nov. 1906 Female Negro 100. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR during most of working life, even if retired) Housewife COUNTRY? INDUSTRY any event within 72 haurs after Maryland 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Helen Diggs David Simms 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service) 17. INFORMANT 16. SOCIAL SECURITY NO. John E. Myles-son -4624 Blagden Terrace

1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Heart failure Conditions, if ony, which gove rise to immediate couse (o), DUF TO stoting the underlying couse

20o. EXTERNAL CAUSE WAS

Haur a.m.

CAUSE OF DEATH.

PRIMARY Or CONTRIBUTING

death resulted from:

20c. TIME OF INJURY Month, Day, Year

EXAMINER'S John Kehoe, M.D.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)

While of work

21. I certify that I took charge of the remains described above, held an Autopsy

20d INJURY OCCURRED

Not While

ot work

Accident /

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 1B.)

20e. PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.)

Suicide [

Inspection x Inquiry x

Undetermined monner

(City or town)

23d. LOCATION (City or Town)

and in my opinian

22. DATE SIGNED

e. IS RESIDENCE ON A FARM?

YES NO [

1 YFAR

Year

1F LINDER 24 HRS

Hours

INTERVAL BETWEEN ONSET AND DEATH

> 19. WAS AUTOPSY PERFORMED?

> > NO X

(State)

unknown

ACTUAL SIGNATURE

Notural causes 3

Riverdale, Md.

Arteriosclerotic heart disease

ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county)

Homicide

CHIEF MEDICAL EXAMINER

23o. BURIAL, CREMATION Burial (Specify

23b. DATE THEREOF 3/31/67

Harmony Memorial Park Maryland

23c. NAME OF CEMETERY OR CREMATORY

2Sa. REC'D BY REGISTRAR

2Sb. REGISTRAR'S SIGNATURE

(County)

VR A15ME (5) 6M 1/67

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This certificate shauld

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CERTIFICATION

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FUNERAL DIRECTOR: Page

the funeral directar.

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Health

24. FUNERAL DIRECTOR Stewart Funeral Home-4001 Benning Rd., MAR 29

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

01.11%

## CEDTIFICATE OF DEATH

01111

Eugene Leland Memorial    2517 Corning Ave.   On A FARM   YES   NO   No A FARM   No A FARM	04113	CERTIFICATE	OF DEATH	U	4114		
b. CITY OR TOWN (If outside capporate limits, write RURAL and give necest flown)  Wite RURAL and give necest flown)  A NAME OF DETAIL OR INSTITUTION (If not in hospiol, give street oddress)  Eugene Leland Memorial  A NAME OF DETAIL OR INSTITUTION (If not in hospiol, give street oddress)  Bugene Leland Memorial  A NAME OF DETAIL OR INSTITUTION (If not in hospiol, give street oddress)  Bugene Leland Memorial  A STREET ADDRESS  2517 Corning Ave.  STREET ADDRESS  2517 Corning Ave.  Bugene Leland Memorial  A DATE Month Doy Year  DETAIL STREET ADDRESS  2517 Corning Ave.  STREET ADDRESS  2518 Corning Ave.  Bugene Leland Memorial  Bournal Address  I Date of Birth Diversity of DETAIL (In years life funder 24 for month of DETAIL (In years li	1. PLACE OF DEATH						
b. CITY OR TOWN (If outside capporote limits, write RURAL and give necest town) RIVER CALLE  MARK OF POPPHIA CR INSTITUTION (If not in hospital, give street oddress)  ANAMO OF POPPHIA CR INSTITUTION (If not in hospital, give street oddress)  ANAMO OF POPPHIA CR INSTITUTION (If not in hospital, give street oddress)  ANAMO OF POPPHIA CR INSTITUTION (If not in hospital, give street oddress)  ANAMO OF POPPHIA CR INSTITUTION (If not in hospital, give street oddress)  ANAMO OF POPPHIA CR INSTITUTION (If not in hospital, give street oddress)  ANAMO OF POPPHIA CR INSTITUTION (If not in hospital, give street oddress)  ANAMO OF POPPHIA CR INSTITUTION (If not in hospital, give street oddress)  ANAMO OF POPPHIA CR INSTITUTION (If not in hospital, give street oddress)  ANAMO OF POPPHIA CR INSTITUTION (If not in hospital, give street oddress)  ANAMO OF POPPHIA CR INSTITUTION (If not in hospital, give street oddress)  ANAMO OF POPPHIA CR INSTITUTION (If not in hospital, give street oddress)  ANAMO OF POPPHIA CR INSTITUTION (If not in hospital, give street oddress)  ANAMO OF POPPHIA CR INSTITUTION (If not in hospital, give street oddress)  ANAMO OF POPPHIA CR INSTITUTION (If not in hospital, give street oddress)  ANAMO OF POPPHIA CR INSTITUTION (If not in hospital, give street oddress)  ANAMO OF POPPHIA CR INSTITUTION (If not in hospital, give street oddress)  ANAMO OF POPPHIA CR INSTITUTION (If not in hospital, give street oddress)  ANAMO OF POPPHIA CR INSTITUTION (If not in hospital, give street oddress)  ANAMO OF POPPHIA CR INSTITUTION (If not in hospital, give street oddress)  ANAMO OF POPPHIA CR INSTITUTION (If not in hospital, give street oddress)  ANAMO OF POPPHIA CR INSTITUTION (If not in hospital, give street oddress)  ANAMO OF POPPHIA CR INSTITUTION (If not in hospital, give street oddress)  BOULTS OF CONTRIBUTION (If not in hospital, give street oddress)  ANAMO OF POPPHIA CR INSTITUTION (If not in hospital, give street oddress)  BOULTS OF CONTRIBUTION (If not in hospital, give street oddress)  BOULTS OF CONTRIBUTION	Prince George	MARYLAND	Maryland	Princ			
A NAME OF HOSPIAL OR INSTITUTION (If not in hospitol, give street oddress)  d. NAME OF HOSPIAL OR INSTITUTION (If not in hospitol, give street oddress)  d. STREET ADDRESS  2517 Corning Ave.  2517 Corning Ave.  Pirst  Middle  Lost  4. DATE  Nimmo  Doy Year  Pirst  Month  Doy Year  Nimmo  Doy House  Female  White  Whower  Female  White  Whower  Iou LUSIAL OCCUPATION (Give kind of work done done)  Housewife  10b. KIND OF BUSINESS OR  NOUSEWIFE  AT Home  11. BIRTHPLACE (County & State, or foreign fountry)  Wes, no, or unknown) (If the squire or odores of service)  Nousewife  12. FATHER'S NAME  OSDOTH,  LLOYD  13. WASDECASED EVER IN U.S. ARMED FORE(57)  (Yes, no, or unknown) (If the squire or odores of service)  None  ORAPH  A WOTHER'S MANE  OSDOTH,  LLOYD  14. MOTHER'S MANE  OSDOTH,  LA WOTHER'S MANE  OSDOTH,  LOYD  A THOMPONIAN OF BUSINESS OR  NIMBORAN OF BUSINESS OR  ONAL SECURITY NO.  (YES, no, or unknown) (If the squire or odores of service)  NOTHING OF BUSINESS OR  NIMBORAN OR OF BEATH (Entire only one couse per lims for (b, (b), ond (d))  OCCURRED IN WAS CURRED OR OF BEATH (Entire only one couse per lims for (b, (b), ond (d))  OCCURRED IN WAS CURRED OR OF BEATH (Entire only one couse per lims for (b, (b), ond (d))  OCCURRED IN WAS CURRED OR OF BEATH (Entire only one couse per lims for (b, (b), ond (d))  OCCURRED IN WAS CURRED OR OF BEATH (Entire only one couse per lims for (b, (b), ond (d))  OCCURRED IN WAS CURRED OR OF BEATH (Enter only one couse per lims for (b, (b), ond (d))  OCCURRED IN WAS CURRED OR OF BEATH (Enter only one couse per lims for (b, (b), ond (d))  OCCURRED OR OF BEATH (Enter only one couse per lims for (b, (b), ond (d))  OCCURRED OR OF BEATH (Enter only one couse per lims for (b, (b), ond (d))  OCCURRED OR OF BEATH (Enter onl	b. CITY OR TOWN (If outside corporate limits.	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If out	side carporote limits, write RUI	RAL and give neorest town)		
d. NAME OF HOSPITAL OR MISTITUTION (If no in hospitol), give street oddress)  Eugene Leland Memorial  3. NAME OF DECEASED (Type or print)  Mary Melissa Nimmo DEATH 3 HOSPITAL OR PART (In years of the print)  S. SEX 6. COLOR OR RACE 7. MARRIED NOVER MARRIED OF DIVORCED O	Riverdale	lig Voons	Oxen Hil	1	110-1		
NAME OF PRICE   Lost   Middle   Lost   Middle   Lost   Month   Doy Yeor   Doy Yeor   Month   Doy Yeor   Mo	d. NAME OF HOSPITAL OR INSTITUTION (If not in hos	spitol, give street oddress)	d. STREET ADDRESS		e. IS RESIDENCE		
3. NAME OF   First   Middle   Lost   4. DATE   Month   Doy   Year   DEFENSED   Mary   Melissa   Nimmo   DEATH   DEATH   DOY   Year   DEATH   DEATH   DOY   Year   DEATH   DOY   Year   DEATH   DOY   Year   DEATH   DOY   No.   DOY   No	Eugene Leland Memor:	ial	2517 Cor	ning Ave.	YES NO EX		
Conditions, if on, which gove rise to immediate couse (a), stoling the underlying couse lost.					th Doy Year		
S. SEX  6. COLOR OR RACE  female  White  Widowed  Divorced  Divorced  Sex  No. USLA COCCUPATION (Give kind of work done luming most of working life, every if retired)  House wife  At Home  10. USLA COCCUPATION (Give kind of work done luming most of working life, every if retired)  House wife  At Home  11. BIRTHPACE (County & State, or foreign country)  Virginia  12. CITIZEN OF WHAT COUNTRY?  USA  13. FATHER'S NAME  OSDOTA,  ILoyd  14. MOTHER'S MAIDEN NAME  Bowman, Cornelia  15. WAS DECEASED EVER IN U.S. ARMED FORCES?  (Yes, no, or unknown)  If yes give wor or dotes of service)  16. SOCIAL SECURITY NO.  17. INFORMANT  Daughter & Medical Records  NO.  18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c))  PART I. DEATH WAS CAUSED BY:  HOLET WAS ALLOSED B	(Type or print) Marv	Melissa	Nimmo		9 19 67		
DIVORCED   9-25-01   55 yrs.  Ob. USUAL OCCUPATION (Give kind of work done uniform one of working life, even if retired)   10. KIND OF 8USINESS OR INDUSTRY   11. BITHPLACE (County & State, or foreign Country)   12. CITIZEN OF WHAT COUNTRY?   USA   13. FATHER'S NAME   14. MOTHER'S MADEN NAME   14. MOTHER'S MADEN NAME   15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT   Daughter & Medical Records   18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c))   PART I. DEATH WAS CAUSED BY:   18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c))   PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)   19. WAS AUTOPS PERFORMED?   YES   NO   NO   NO   NO   NO   NO   NO   N		RRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In yeors	IF UNDER 1 YEAR   IF UNDER 24 HRS.		
10. SUSUAL OCCUPATION (Give kind of work done uring most of working life, even if retired)   10. KIND OF 8USINESS OR INDUSTRY   Virginia   12. CITIZEN OF WHAT COUNTRY?   USA   14. MOTHER'S MAIDEN NAME   14. MOTHER'S MAIDEN NAME   15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT   Address   No. or unknown) (If yes give wor or dotes of service)   78-90-110   B   Daughter & Medical Records   No. or unknown) (If yes give wor or dotes of service)   To you will not unknown) (If yes give wor or dotes of service)   To you will not unknown) (If yes give wor or dotes of service)   To you will not unknown) (If yes give wor or dotes of service)   To you will not unknown) (If yes give wor or dotes of service)   To you will not unknown) (If yes give wor or dotes of service)   To you will not unknown) (If yes give wor or dotes of service)   To you will not unknown) (If yes give wor or dotes of service)   To you will not unknown) (If yes give wor or dotes of service)   To you will not unknown) (If yes give wor or dotes of service)   To you will not unknown) (If yes give wor or dotes of service)   To you will not unknown) (If yes give wor or dotes of service)   To you will not unknown) (If yes give wor or dotes of service)   To you will not unknown) (If yes give wor or dotes of service)   To you will not unknown) (If yes give wor or dotes of service)   To you will not unknown) (If yes give wor or dotes of service)   To you will not unknown)   To you will not unknown)   To you will not unknown)   To you will not unknown   To you will not unknown)   To you will not unknown   To you will not unknown   To you will not unknown   To you will not work   To you will not you will not work   To you will not work   To you will not you will not work   To you will not you will not you will not you w	female White WIDO	OWED DIVORCED	9-25-01		Months Doys Hours Min.		
Housewife	0o. USUAL OCCUPATION (Give kind of work done						
14. MOTHER'S MANE   14. MOTHER'S MAIDEN NAME   15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service)   16. SOCIAL SECURITY NO.   17. INFORMANT   17. INFORMANT   18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)   19. PART I. DEATH WAS CAUSED BY:   H 3 3   MMEDIATE CAUSE (o)   18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)   19. WAS AUTOPS (conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost.   19. WAS AUTOPS (c)   19. WAS AUTOPS (c	uring most of working life, even if retired) Housewife		Virginia				
S. WAS DECEASED EVER IN U.S. ARMED FORCES?   Yes, no, or unknown)   (If yes give wor of dotes of service)   16. SOCIAL SECURITY NO.   17. INFORMANT   Daughter & Medical Records	1	At nome			I OUR		
NAS DECEASED EVER IN U.S. ARMED FORCES?   Yes, no, or unknown) (If yes give wor of dotes of service)   16. SOCIAL SECURITY NO.   17. INFORMANT   Daughter & Medical Records   None   18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).   PART I. DEATH WAS CAUSED BY:   ONET AND DEATH   IMMEDIATE CAUSE (o)   DUE TO   Conditions, if only, which gove rise to immediate couse (o), stoting the underlying couse lost.   ONET AND DEATH   DUE TO   OR CONTRIBUTING TO DEATH   BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)   19. WAS AUTOPS PERFORMED? YES   NO   NO CONTRIBUTING   OR CONTRIB	Ochorn	Tloyd	Poteman	Connelia			
18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).   PART I. DEATH WAS CAUSED BY:   H 3 3   DUE TO     Conditions, if any, which gove rise to immediate cause (o), stating the underlying cause lost.   PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)   PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)   PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)   PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)   PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)   PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)   PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)   PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)   PART III. OTHER SIGNIFICANT CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)   PROTECTION OF THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)   PART II. OTHER SIGNIFICANT CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)   PROTECTION OF THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)   PROTECTION OF THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)   PROTECTION OF THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)   PROTECTION OF THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)   PROTECTION OF THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)   PROTECTION OF THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)   PROTECTION OF THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)   PROTE	1s. WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. I			ess		
18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).  PART I. DEATH WAS CAUSED BY:  (Conditions, if only, which gove rise to immediate cause (o), stoting the underlying couse (o), stoting the underlying couse (o), stoting the underlying couse (o).  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH 8UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)  19. WAS AUTOPS YES NO CONTRIBUTING CONTRIBUTING TO DEATH 8UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)  19. WAS AUTOPS YES NO CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  200. ACCIDENT WAS UNDERLYING CHARGED OF INJURY MEDICAL EXAMINER)  201. I certify that (I) (this haspital) attended the deceased fram JULY 1962, ta 3-9-67, 19, that (I) (we saw the deceased alive an 3-9-67, 19, and that death accurred at 22 P M, fram causes and on the date stated at 220. SIGNATURE  21. I certify that (I) (this haspital) attended the deceased fram JULY 1962, ta 3-9-67, 19, that (I) (we saw the deceased alive an 3-9-67, 19, and that death accurred at 22 P M, fram causes and on the date stated at 220. SIGNATURE  220. SIGNATURE  221. PHYSICIAN'S  222. PHYSICIAN'S  222. ADDRESS		F76 00 3330 P	Daughter & M	ledical Record	S		
DUE TO Conditions, if ony, which gove rise to immediate couse (a), storing the underlying couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH 8UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTOPS' PERFORMED? YES NO  NO CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. p.m. 19 While of Not While of While of While of Work of the Wind of Work of Courty of Tectory, street, office bidg., etc.)  21. I certify that (I) (this haspital) attended the deceased fram 1024, 1962, ta 3-9-67, 19, that (I) (we saw the deceased alive an 3-9-67, 19, and that death accurred at 250 M, fram causes and an the date stated at 220. SIGNATURE  M.D. PHYS. DIRECTOR PHYS. 3-9-67  222. PHYSICIAN'S	No None	D (0-20-1110+B			INTERVAL RETWEEN		
Conditions, if ony, which gove rise to immediate couse (a), storing the underlying couse (b)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH 8UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTOPS' PERFORMED? YES NO  NO  200. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  200. TIME OF INJURY Month, Doy, Yeor Hour o.m.  p.m.  19 WAS AUTOPS' PERFORMED?  YES NO  200. PLACE OF INJURY (Home, form, factory, street, office bidg., etc.)  21. I certify that (I) (this haspital) attended the deceased from 10 per 1 or Port II of item 18.)  220. SIGNATURE  M.D. PHYS. MED.  221. ATTENDING MED.  STAFF 222b. DATE SIGNED  222c. PHYSICIAN'S  222d. ADDRESS	PART I. DEATH WAS CAUSED BY:	CEREBRAL	FURBLUSM		ONSET AND DEATH.		
Conditions, if ony, which gove rise to immediate couse (a), stoting the underlying couse (b)  DUE TO  (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH 8UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTOPS' PERFORMED? YES NO  NO CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Doy, Yeor Hour o.m.  p.m.  19	1133 3 1 IMMEDIATE CAUSE (0)				12 11491		
rise to immediate couse (a), stoting the underlying couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH 8UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTOPS' PERFORMED? YES NO NO NO NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b)  20c. ACCIDENT WAS UNDERLYING CONTRIBUTING COURTED PERFORMED? YES NO NO CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. p.m. 19 of work of twork control of twork of two twork of two twork of two	Conditions if any which save s	ATRIAL FIL	BRILLATIO	N	4 YRS		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH 8UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)  19. WAS AUTOPS' PERFORMED? YES NO  20o. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. p.m.  19 WAS AUTOPS' PERFORMED? YES NO  20c. ACCIDENT WAS UNDERLYING COUNTRIBUTING TO DEATH 8UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)  19. WAS AUTOPS' PERFORMED? YES NO  20c. ACCIDENT WAS UNDERLYING COUNTRIBUTING TO DEATH 8UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)  19. WAS AUTOPS' PERFORMED? YES NO  20c. ACCIDENT WAS UNDERLYING COUNTRIBUTING TO DEATH 8UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)  19. WAS AUTOPS' PERFORMED? YES NO  20c. ACCIDENT WAS UNDERLYING COUNTRIBUTING TO PORT II of item 18.)  20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. p.m. 19 while Not While otwork countries the factory, street, office bldg., etc.) 19 catering the underlying Countries of Injury in Port I or Port II of item 18.)  20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. p.m. 19 while Not While otwork countries of injury in Port I or Port II of item 18.)  20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. p.m. 19 while otwork countries of injury in Port I or Port II of item 18.)  20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. Hour o.m. p.m. 19 otwork countries of injury in Port I or Port II of item 18.)  20c. TIME OF INJURY Month, Doy, Yeor on the deceased from the deceased of injury in Port I or Port II of item 18.)  20c. TIME OF INJURY Month, Doy, Yeor on the deceased from the deceased of injury in Port I or Port II of item 18.)  20c. TIME OF INJURY Month, Doy, Yeor on the deceased of injury in Port I or Port II of item 18.)  20c. TIME OF INJURY Month, Doy, Yeor on the deceased of injury in Port I or Port II of item 18.)  20c. TIME OF INJURY MONTH, Doy, Yeor on the deceased of injury in Port I or Port II of item 18.)  20c. TIME OF INJURY MONTH, Doy, Yeor on the deceased	rise to immediate couse (o),						
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20c. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. p.m.  21. I certify that (I) (this haspital) attended the deceased fram 22c. SIGNATURE  M.D. ATTENDING PERFORMED? YES NO  YES NO  YES NO  YES NO  YES NO  (County)  (County)  (Stored)  (County)  (County)  (County)  (Stored)  (County)  (Stored)  (County)  (County)  (Stored)  (Stored)  (County)  (Stored)  (Stored)  (Count		TING TO BEATH OUT NOT BELATED TO 1	TUT TERMINAL DISEASE CON	DITION CIVEN IN DART 1/a)	I 10 WAS AUTOPSY		
20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. p.m.  19   Otwork	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBE	OUI NOT KELATED TO	THE TERMINAL DISEASE CON	DITION GIVEN IN PART I(0)	PERFORMED?		
20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. p.m.  19 Otwork of work of wore of work	S ASSISTANTING TO THE STATE OF	OOL PECCHOL HOW WILLIAM OCCUPATE	(F.A	2-41-0-411-63 101	YES NO L		
21. I certify that (I) (this haspital) attended the deceased fram JULY , 19/2, ta 3-9-67 , 19 , that (I) (we saw the deceased alive an 3-9-67 19 , and that death accurred at 25 F M, fram causes and an the date stated at 220. SIGNATURE  M.D. ATTENDING MED. STAFF 22b. DATE SIGNED 3-9-67  22c. PHYSICIAN'S 22d. ADDRESS	TUT CUTTER, NOTIFY MEDICAL EXAMINER	ZUD. DESCRIBE HOW INJURY OCCURRED.	Enter noture of injury in a	on For Port II of Rem 18.)			
21. I certify that (I) (this haspital) attended the deceased fram JULY , 19/2, ta 3-9-67 , 19 , that (I) (we saw the deceased alive an 3-9-67 19 , and that death accurred at 25 M, fram causes and an the date stated at 220. SIGNATURE  M.D. ATTENDING MED. STAFF 22b. DATE SIGNED 3-9-67  22c. PHYSICIAN'S 22d. ADDRESS	20c. TIME OF INJURY Month, Doy, Yeor				(County) (Stote)		
saw the deceased alive an 3-9-67 19 , and that death accurred at 25 M, fram causes and an the date stated at 220. SIGNATURE  M.D. ATTENDING MED. STAFF 22b. DATE SIGNED  22c. PHYSICIAN'S 22d. ADDRESS	p.m. 19		ary, street, office blag., etc.)	S S T ST			
saw the deceased alive an 3-9-67 19 , and that death accurred at 25 P M, fram causes and an the date stated at 220. SIGNATURE  220. SIGNATURE  M.D. ATTENDING MED. DIRECTOR STAFF 22b. DATE SIGNED 3-9-67  22c. PHYSICIAN'S 22d. ADDRESS	21. I certify that (I) (this haspital)	attended the deceased fram					
M.D. ATTENDING   MED. STAFF   3-9-67		3-9-67_19, and that	death accurred at	M, fram causes	and an the date stated abav		
22c, PHYSICIAN'S  M.D. PHYS.  DIRECTOR PHYS.  3-9-67  22d. ADDRESS	22o. SIGNATURE		ATTENDING -	MED STAFE	22b. DATE SIGNED		
	1. Ittor	moun M.C	PHYS.		3-9-67		
MAME (1998) C. J. Houmann, M.D. 4404 Queensbury Rd., Riverdale, Md.							
	NAME (Type) C. J. Houmani	n, M.D.	1 4404 Que	enspury Rd.,	kiverdale, Md.		
	Burial March 13	,1967 Ft Lincol	n Cemeter	AV PEGICIPAR TRABU	Rese Maryland		

director, page 3 should be detached for use as the burial-transit permit. Then please remove larban papers. Pages 1 and 2 should be filed with the State Dept. of Health priar to burial, crematian, ar remaval, and in ony event, within 72 haurs after death. and campletely filled in by the funeral TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs or **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician directar, page 3 should be detached far use as the burial-transit permit. Then pleased Page 4 may be retained by the haspital ar attending physician.

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Burnel . Saroh 13,1967 Et. Lincoln Cemetery Eladensburg, Haryland

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05680 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE ALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY a. STATE b. COUNTY af Prince George's
b. CITY OR TOWN (If outside corporate limits, MARYLAND Maryland Prince George's c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Cheverly Suitland DOA e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS farm NO X in Item 18. Give Pages 7831 Penna Ave Apt Prince George General Hospital 3. NAME OF e certificate, writing the ward "pending" in pencil in Item 18. Give Pag shauld be farwarded ta the Chief Medical Examiner's Office alang with DECEASED 67 19 Christopher Orsini (Type or print) John DEATH IF UNDER 1 YEAR NEVER MARRIED IF UNDER 24 HRS 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED lost birthdoy) Months Dovs Hours hours after death. WIDOWED DIVORCED 11 April 1966 male white permit. File pages land 2 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 10o. USUAL OCCUPATION (Give kind of work done COUNTRY? during most of working life, even if retired) INDUSTRY Maryland U. S. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Mary Smith Robert F. Orsini 17. INFORMANT Address as Item 16. SOCIAL SECURITY NO. event within 72 (Yes, no, or unknown) (If yes give wor or dotes of service) No Mrs. Mary Smith Orsini-#2 INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) burial-transit PART I. DEATH WAS CAUSED BY: ONSET AND DEATH Undetermined IMMEDIATE CAUSE (o) shauld writing the ward DUE TO any SDII Conditions, if any, which gave Associated with pulmonary congestion, bilateral rise to immediate couse (a). .= DUE TO Pulmonary atelectasis, Focal certificate stoting the underlying couse and crematian, ar remaval, 19. WAS AUTOPS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? CERTIFICATION YES 🔀 the certificate. NO shauld be 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) PRIMARY Or CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY Month, Dov. Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) (County) Hour o.m. factory, street, office bldg., etc.) FUNERAL DIRECTOR: Page at wark 21. I certify that I took charge of the remains described above, held on Autopsy Inspection x Inquiry ond in my opinion Natural couses X funeral directar. death resulted from: Suicide Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER Health priar SIGNATURE DEPUTY MEDICAL EXAMINER Riverdale, Md. John Kehoe, M.D. NAME (Type) Address (Street, city, town, or county) the 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23g. BURIAL CREMATIO (Stote) 0 Mt. Carmel Cemetery Upper Marlboro Md. **ADDRESS** 2Sq. REC'D BY REGISTRAR VR A 15ME (5) Ritchie Bros. Upper Marlboro, Md.

6-201293

Items 18&Film 388 4-24-67 MARYLAND STATE DEPARTMENT OF HEALTH

Commenced to the state of the s

MARYLAND STATE DEPARTMENT OF HEALTH

Mt. Olivet Cemetery

e. IS RESIDENCE ON A FARM?

YES NO 🔀

19 67

IF UNDER 24 HRS.

Hours

INTERVAL BETWEEN

ONSET AND DEATH

19. WAS AUTOPS PERFORMED? NO TO

and in my opinian

22. DATE SIGNED

(County)

Baltimore Maryland

Dovs

COUNTRY?

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 04116 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 0 Poge o. COUNTY o. STATE b. COUNTY Prince George s
b. CITY OR TOWN (If autside carporate limits,
write RURAL and give nearest town) Maryland Anne Arundel
c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) MARYLAND delay 3 ith the State Department c. LENGTH OF STAY IN 1b 2, ond PM3. F Cheverly DOA

d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) Laurel d. STREET ADDRESS along with form Pages Prince George General Hospital Rt.1. Box 133 be executed within 24 haurs after death. 3. NAME OF Middle 4. DATE DECEASED 0F 8. Give F William Paddy (Type or print) DEATH Lee S. SEX 8. DATE OF BIRTH 9. AGE (In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED lost birthdoy) Months WIDOWED [ DIVORCED within 72 hours after deoth Oct. 1937 the certificate, writing the word "pending" in pencil in Item 1: 4 should be forwarded to the Chief Medicol Exominer's Office Male white 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) during most of working life, even if retired) **INDUSTRY** Operator - Heavy Equip. Construction Annapolis, Maryland 13. FATHER'S NAME Russell1 Paddy Gladys Kirby \_\_\_ 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service) Mrs. Katherine Z. Paddy. same as 2 No 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) burial-transit event v PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Laceration of brain This certificate should DUE TO Fracture of skull any Conditions, if ony, which gove rise to immediate couse (o), .⊑ DUE TO 0 stoting the underlying cause gp may be retained for your files. FUNERAL DIRECTOR: Page 3 should be used removal, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) PRIMARY TO or CONTRIBUTING buriol, cremotion, or MEDICAL EXAMINER: CAUSE OF DEATH Passenger in car which struck bridge abuttment.

20d. INJURY OCCURRED ) 20e. PLACE OF INJURY (Home, form, 20f. (City or lown) (Cou 20c. TIME OF INJURY Month, Day, Year 67 of While of work of work Rt. 450 at Whitfield Chapel Rd. Prince Geo. Co Hour om. 12:51amp.m. 3-13-Page 21. I certify that I took charge of the remains described above, held an Autapsy , Inspection x, Inquiry x, funeral director. Natural causes Accident X Suicide Undetermined manner death resulted fram: Hamicide CHIFF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER 5 may 10 FUNE NAME (Type) John Kehoe, M.D. Riverdale, Md. A Address (Street, city, town, or county) 230. BURIAL, CREMATION 23b. DATE THEREOF the 23d. LOCATION (City or Town)

VR A 15ME (5) 6M 1/67

REMOVAL (Specify)

16 March 67

Kirkley Funeral Home, Glen Burnie, Md.

Burial

24. FUNERAL DIRECTOR

CHILD ... But the second to the contract of th Distant Destroy Tribed Hearts Margar Language 13 ٤ 728 . 195 Aug. The state of the s Code with the control of the code the bear to the state of the state of

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

0411	7	CERTIFICAT	E OF DEATH	04	116		
PLACE OF DEATH     O. COUNTY	Prince George	9 MARYLAND		Where deceosed lived, if institution b. COUNTY			
write RURAL o	(If outside corporate limits, nd give neorest town) Heights	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If ou	c. CITY OR TOWN (If outside corporate limits, write RURAL and give Forest Heights			
d. NAME OF HOSE	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)			Huron Dr., SE	e. IS RESIDENCE ON A FARM? YES NO		
3. NAME OF DECEASED (Type or print)	aron Dr., S. 1 First Glad	Middle Vs K.	lost	4. DATE Month	Doy Year 11th 1967		
S. SEX Female	6. COLOR OR RACE 7.		8. DATE OF BIRTH July 10-1900	1 9. AGE (IN Years	IF UNDER 1 YEAR   IF UNDER 24 HRS Months Doys Hours Min.		
10o. USUAL OCCUPATI		10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County Minneso	& State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME	Jacob XXXXXX Wooge	)	14. MOTHER'S MAIDEN N	Johnson			
IS. WAS DECEASED E (Yes, no, or unknown NO	VER IN U.S. ARMED FORCES? ) (If yes give wor or dotes of se		olleen P. Mad	Address ler Same as It			
PART I. DI	DEATH (Enter only one couse ATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	Coronary Thi	om bosis	Land Text FA	INTERVAL BETWEEN ONSET AND DEATH 3 LA CALLET		
rise to immedi	ote couse (o), derlying couse (c)		care with	The state of the s	all has like		
PART II. OTHER		RIBUTING TO DEATH BUT NOT RELATED TO			19. WAS AUTOPSY PERFORMED? YES NO		
OR CONTRIBUTION	VAS UNDERLYING ☐ NG ☐ CAUSE OF DEATH FY MEDICAL EXAMINER)	205. DESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Port I or Port II of item 18.)			
Hour Hour	n m 19	While Not While of work	LACE OF INJURY (Home, form octory, street, office bldg., etc.)		(County) (State)		
21. 1 cer saw the	21. 1 certify that (1) (this haspital) attended the deceased from 7/2/1959, 19, ta 3/11/1967, 19, that (1) (we saw the deceased glive on 3/11/1967 19, and that death occurred at 7/2 M, from causes and an the date stated a						
220. SIGNATUI	220. SIGNATURE 2 CLON M.D. ATTENDING MED. STAFF 221.  220. PHYS. DIRECTOR PHYS. 3						
ZZC. PHISICIAL	vs pe) Dr. Etienne		22d. ADDRESS # 2 Parky	ray Dr., SE For	est Hights, Md.		
23o. BURIAL, CREMA REMOVAL (Spec Buria al	ify) March 1	4-67 Arlington		, ,	, , , , , ,		
24. FUNEVAL DIREC	Bron Bron	ADDRESS	25a REC'I	Arlington	STRAR'S SIGNATURE		

to HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please tempore carbon papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremation, ar removal, and in any event, within 72 hours after destained.

VR A15 (4) 20 M 1/66

Simmons Bros. -1661-Good Hope Rd SE

Wash DC

AND THE PERSON NAMED IN COLUMN TWO , <u>.</u> 

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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	0411	8.0		CERTIF	ICATE	OF DEATH			04	117	er in	
1.	PLACE OF DEATH	e e e				2. USUAL RESIDENCE (V	Where dece	osed lived, if ins	titution:	Residence befo	re odmissio	n)
	o. COUNTY	PRINCE GEO	RGE'S	MAR	YLAND	o. STATE MARY	LAND	b.	COUNTY	PRINCE	GEORG	E'S
	b. CITY OR TOWN (I	f outside corporate limi	its,	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If ou	itside corpo	orote limits, write	RURAL	ond give neore	st town)	
	ANDREWS	AIR FORCE	BASE	1		CAMP S	PRINC	GS		11	2-1	
	d. NAME OF HOSPITA	AL OR INSTITUTION (If r	not in hospitol,	give street oddress)		d. STREET ADDRESS					e. IS RESID	ENCE
	USAF HOS	PITAL ANDR	EWS			5418 WAL	TON A	AVE.			ON A FA	NO 🗌
	NAME OF	F	irst	Middle		Lost	4. DATE		Month	Do	Y Yeo	ır
	DECEASED (Type or print)	EDWA	RD	LIAM		PAWLAK	OF DEAT	H M	RCH	22	196	57
	SEX	6. COLOR OR RACE	7. MARRIED		D 🔲 🛭	B. DATE OF BIRTH		9. AGE (In yeo		UNDER 1 YEAR	IF UNDER	
1	TALE	CAUC.	WIDOWED	DIVORCE		27 FEBRUARY	62	lost birthdo Y	rs.	onths Days	Hours	Min.
100		(Give kind of work done		(IND OF BUSINESS OR NDUSTRY		11. BIRTHPLACE (County	& Stote, or	foreign country)		12. CITIZEN C		
นบา	ing most of working	Ne, even il terrieu)	A	NA		PRINCE GEO	RGE !	S.MARYL	ND	COOMIN	USA	
13.	FATHER'S NAME					14. MOTHER'S MAIDEN N						
	HARRY J	- PAWLAK			100	RUTH C.	CHAP	MAN				
15.	WAS DECEASED EVE	DINITIC ADMED ENDICES	? 16	. SOCIAL SECURITY NO.	17. 1	NFORMANT			Address	1144		
(16	s, no or unknown)	(If yes give wor or dotes	or service)	NA	RE	CORDS						
	18. CAUSE OF DE	EATH (Enter only one co	ouse per line fo	or (o), (b), ond (c).)							TERVAL BET	
	PART I. DEAT	TH WAS CAUSED BY:		Cardia	c Ar	rest				0	NSET AND D	EATH
	773	IMMEDIATE CAUSI	E TO	0		0 01	2				.,,	
À	Conditions, if ony		(b)	Kespy	Ston	y In suff	cuen	Ca			Hou	RS
	rise to immediat	e couse (o), (	E TO		7	500		21			7.1	
	stoting the under	riving couse	(c)	Sudde	n!	Hath i	n of	Influ	Cy			
	PART II. OTHER SI	GNIFICANT CONDITIONS	CONTRIBUTING	TO DEATH BUT NOT RE	LATED TO T	HE TERMINAL DISEASE COM	NDITION GI	IVEN/IN PART 1(d	)	19		PSY
TION										200	PERFORM YES	NO 🗆
FICA	20o. ACCIDENT WAS	S LINDERLYING 🗀	205 [	ESCRIBE HOW INIURY O	CCURRED. (	Enter noture of injury in	Port I or P	Port II of item 18	1-			
ERT	OR CONTRIBUTING	CAUSE OF DEATH	200. 0	ESCRIBE HOW INSORT	reconner.	conditions of injery in		011 11 01 110111 12	.,			
A		MEDICAL EXAMINER)  JRY Month, Doy, Yeor	204	INJURY OCCURRED	20a PLAC	E OF INJURY (Home, form	1. 20f.	. (City or tow	1)	(County)	- 1	Stote)
MEDICAL CERTIFICATION	Hour o.r	n.	Whit	e Not While		ory, street, office bldg., etc.)		(4.1)	1	(//		
	p.r		enital) atta	nded the deceased	fram	22 March, 1	9 67	to 22/	Harris	10 671	hat (1) (	wa) last
	saw the d	eceased alive an	so hav	th 1967.	and that	death accurred at	1000	M. fram cau	ses and	an the do	te stated	abave.
0	220. SIGNATURE	2/								22b. DATE SIG		
	6	Herrice	e la	Take	M.E	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	D	27.4	w. L	67
	22c. PHYSICIAN'S		1	7		22d. ADDRESS						
	NAME (Type	HERRICK J	COHE	L CAPTAIN	USAF	MC USAF	HOSPI	TAL ANI	REW	AFB W	ASH 2	5.DC
230	. BURIAL, CREMATIC	ON 23b DATE TO		23c. NAME OF CEM	ETERY OR	CREMATORY	23d.	LOCATION (City of	r Town)	(Count	y) (S	tote)
	BUT 1 Specify	3/27/	167	ARLINGT	ON NA	TIONAL CEME	TERY	ARLING	GTON	VIRG	INTA .	
24				LM FURRESAL				BRAR 1967St				No.
		TIAND RD S				DATE	MIL W	0 1001	4		y	4 .

VR A15 (4) 20 M 1/66

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### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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FI HE	O F	S S	T	AT DE
NER: This certificate should be executed within 24 hours ofter death. If any delay is	ve Pages 1, 2, and 3 to	with farm, PM3. Page		the State Department of
4 hours ofter	n Item 18. Giv	s Office along		s land 2 with
ited within 2	" in pencil ir	tal Examiner		nit. File pages
should be execu	se execute the certificate, writing the word "pending"	should be forwarded to the Chief Medica		buriol-tronsit perm
This certificate	ficate, writing th	be forwarded t		ld be used as a
MEDICAL EXAMINER:	execute the certi	tor. Poge 4 should	for yaur files.	IRECTOR: Page 3 shau
DEPUTY MEDIC	cessory, please	funeral directo	nay be retoined	UNERAL DIRECT
T0 I	nec	the	5 n	TO F

Heolth prior to burial, crematian, or removal, and in any event within 72 hours after death.

VR A 15ME (5) C

	03683		MED	ICAL EXAMI	NER'S	CERTIFICATE	OF DEATH		UDE	185
1.	PLACE OF DEATH o. COUNTY Prin	nce George	e's	MAR	RYLAND	2. USUAL RESIDENCE o. STATE Maryland	(Where deceased lived, i	f institution: Residen b. COUNTY Prince Ge		
	b. CITY OR TOWN (If of write RURAL and g	outside corporote limit ive neorest town)	s,	c. LENGTH OF STAY	IN 1b	Seat Ple	outside corporote limits,	write RURAL and give	e neorest town	1)
	d. NAME OF HOSPITAL  Prince Gee					d. STREET ADDRESS  213 75th.	Street			RESIDENCE A FARM? NO 🔀
3.	NAME OF DECEASED (Type or print)		rst	Middle H		Lost Payne	4. DATE OF DEATH	Month 3	Dογ 30	Year 19 67
	male 6	negro	7. MARRIED WIDOWED	NEVER MARRIE DIVORCE		B. DATE OF BIRTH  6 Nov. 192	9. AGE (In last birt 41		Doys Hou	DER 24 HRS.  Jrs Min.
dur	a. USUAL OCCUPATION (Gring most of working life Radio Dis	, even if retired)	IDb. KII	ND OF BUSINESS OR DUSTRY A		11. BIRTHPLACE (Stote			TIZEN OF WHA	ī
13.	FATHER'S NAME William					14. MOTHER'S MAIDEN Lillian	NAME Coleman			
15 (Y	es, no, or unknown) (If	N U.S. ARMED FORCES? yes give wor or dotes	of service) 16. S	OCIAL SECURITY NO.		nformant herine Pa	ayne 213	Address 75th St	t	
		hich gave ouse (o),	(o) Hear TO Arte	t failure	tic h	eart diseas	5e		interval onset an minute over l	D DEATH
ATION		IFICANT CONDITIONS (		O DEATH BUT NOT RE	LATED TO 1	HE TERMINAL DISEASE CO	ONDITION GIVEN IN PART	1(0)	19. WAS A PERFO	AUTOPSY ORMED?
MEDICAL CERTIFICATION	2Da. EXTERNAL CAUSI PRIMARY ☐ or CONTE CAUSE OF DEATH.		20b. DES	CRIBE HOW INJURY (	OCCURRED. (	Enter noture of injury in	Part I or Port II of iten	1 18.)		
MEDICAL	2Dc. TIME OF INJURY Hour o.m. p.m.	Month, Doγ, Yeor	20d. IN While ot wark	JURY OCCURRED  Not While of work		E OF INJURY (Home, for ary, street, office bldg., etc		rown) (Car	unty)	(State)
		that I taak charg I fram: Natur				ld an Autapsy, ide, Hamicid CHIEF MEDICA	e, Undetermi	Inquiry 🔀	and in n	ny apinian
	ACTUAL SIGNATURE	John	1/6	M		M.D. ASSISTANT ME	DICAL EXAMINER CAL EXAMINER			ATE SIGNED
В	a. BURIAL, (REMATION, REMOVAL (Specify) Burial	hn Kehoe, 23b. DATE TH	EREOF	Riverdale 23c. NAME OF CEN Lincoln	Metery or o	rematory orial Cen	et, city, town, or county)  23d. LOCATION (Cone)  Mary	ity or Town)	3 <b>-31</b> (County)	. <b>-67</b> (Stote)
2	4. FUNERAL DIRECTOR Stewart	Funera	1 Home	-4001 B	innir	ng Rd DATE N	RY I I 1967	25b. DSCHAR'S S	les Jus	ye

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. 24 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the hospital or attending physician.

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

			OLK III IO	AIL	OI DEATH				(111)		
1. PLACE OF DEAT a. CDUNTY	ni naoGaangas				2. USUAL RESIDENCE a. STATE Mary:	E (Whee	e deceased		itution: Resi		dmission)
	rinceGeorges	IIIA-	MARYLAI		c. CITY OR TOWN (If	Land					et tours
write RURAI	L and give nearest town)  heverly	ilmits,	17 days	N ID	Mt. I			mints, wri	te RURAL el	d give ileare	st town)
d. NAME OF HO	SPITAL OR INSTITUTION	(if not in he	ospital, give street add	ress)	d. STREET ADDRESS					e. IS RES	IDENCE
74 PrinceG	eorges Gener	al Hos	pital		3604	Pe	rry	Street		YES [	FARM?
3. NAME OF DECEASED (Type or print)	Firs Tere		Middle	Pe	Last 11e	4. D.	ATE F EATH	Month	rch	Day Ye 16 19	ar 67
5. SEX		. MARRIED	NEVER MARRIED	7 8.	DATE OF BIRTH		9. AGE	(In years	IF UNDER 1	YEAR IF UNDE	R 24 HRS.
Female	White	WIDOWED	DIVORCED [		6 Dec., 1		86	birthday) yrs.		ays Hours	
during most of world House	TION (Give kind of work do king life, even if retired) Wife	one 10b. K	IND OF BUSINESS OR NDUSTRY		11. BIRTHPLACE (Co	ounty & S	State, or for	eign country)	I LE	ZEN OF WHA NTRY? L J Y	
13. FATHER'S NAM	ME				14. MOTHER'S MAID	EN NAM	1E				
An	thony Varr	asse			Ange	la	Ruger	0			
	EVER IN U.S. ARMED FOR		SOCIAL SECURITY NO. 1	17. 11	NFDRMANT			Addres	s		
(Yes, no, or unkown) NO	(If yes give war or dates of s	ervice)	lon•		.Albert D	iCa	rlo	abov	e add	lress)	
18. CAUSE DE	DEATH [Enter only one	cause per l	ine for (a), (b), and (c),	]						INTERVAL BE	TWEEN
PART I. D	EATH WAS CAUSED BY:	. Ce	robral	a	leno	90	le	205	2	ONSET AND	DEATH
3 20	IMMEDIATE CAUSE (8										
Conditions is	DUE TO	0									
Conditions, if gave rise to		)									
cause (a), s	stating the OUE T	12	enerale	use	Darle	Tus	sel	en	ses		
	SIGNIFICANT CONDITION	IS CONTRIBL							PART 1(a)	19. WAS A	
N P	0	10-10	renso		,				- '	YES T	RMED?
2	eceri /	700				C Indiana	In Doub L o	- Dork II o	Eltom 10\	I ES	NO K
PART II. OTHER  20a. ACCIDENT DR CDNTRIBUT (IF EITHER, NO	TWAS UNDERLYING THE CAUSE OF DEATH OTHER MEDICAL EXAMINE	(R) 200. (	DESCRIBE HOW INJURY	OCCUR	KED. (Enter nature of	rinjury	in Part I o	r Part II U	1 (tent 10.)		
	INJURY Month, Day, Ye	ear   20d. I	NJURY OCCURRED   200	e. PLACE	E OF INJURY (Home, fa	rm, 2	Of. (City o	r town)	(Coun	ty)	(State)
Hour a		While	MOT WHITE I	factory	, street, office bldg., e	tc.)					
	.m. 19	at worl		T 1		007	1. 10	.1 20	100 5	11-4 (I) (	loof (aux
	ify that (I) (this hospit			mreb	28, 1	967	to_Mai	ch Lb	1967	_, that (I) (	we) last
	eceased alive on Ma	rch_16	196.7, and	d that o	death occurred 12	, ZUA	gitrom th	e causes	and on the	date state	a above.
22a. SIGNATU	New 3	de	wen_	M.D.	ATTENOING PHYS.	MED. DIRECTO	op D S	AFF	Tule		196
22c. PHYSICI	IAN'S			WI.D.	22d. AOORESS	DINLOT	JK 1 1	110.			
NAME (	Type)				3503 Perm	- C+	M+ 1	Painie	n Md		
120 DIDIAL ODE	Don B. Cal	meron,	1 23c. NAME OF CEM	ETEDY (					wn or coun	tv) (s	state)
REMOVAL (S) Buris	MATION, 23b. DATE THE pecify) 3/18/6	57	Mt.Olive		emetery	M	ashi	ngtor	1. D.	3.	tuto,
24. FUNERAL DIR	to the first the	1.0	ADDRESS Mt. Raini	ian	25a. RE	C'D BY	REGISTRAR	25b. RE	GISTRAR'S	SIGNATURE	
Funeral	Home Inc.	. 3	Maryland	T. G. T. 9	DMAR	20	1967	goli	arles	Jusque	
								8.0			

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## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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### CERTIFICATE OF DEATH

04119

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haurs after death, in by the funeral rs. Pages I and 2 haurs after death		PLACE OF DEATH  o. COUNTY  Prince Georges  MARYLAND  2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission)  o. STATE  Dist. of Col. b. COUNTY
rs afte pages rs afte	1	o. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  With PURAL and give nearest town)  Washington  47-3
within 24 hours after tely filled in by the fur than papers. Pages 1 , within 72 hours after		I. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)  Eupene Leland Memorial Hospital 325 Pa. Ave. S.E.  VES NO DE
ted within pletely fill carban po cent, within	3.	NAME OF JECEASED To seph First Webster PILKERTON OF Month 3, 1967
9 6 6	S.	Male 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH  Male White WIDOWED DIVORCED Taly 14, 1905 Gost birthdoy)  VIS.  Months Days Hours Min.
cian and generated and in any		USUAL OCCUPATION (Give kind of work done ng most of working life, even if retired)  10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT COUNTRY? 13. OF Am.
	13.	FATHER'S NAME Joseph A. Pilkerton Frances Dick
that the death certificate be an. by the attending physician a transit permit. Then please r crematian, ar removal, and in		WAS DECEASED EVER IN U.S. ARMED FORCES? s, no, or unknown) (If yes give wor or dotes of service) 578-10-5275 Joyce Pilkerton 1245"U"St. S.E. D.C.
that the ian. by the at transit pe crematiar		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  Teart  Tailure  IMMEDIATE CAUSE (o)
equires the physician signed by burial-traphorial burial, cre		Conditions, if ony, which gove) DUE TO Hemorrhape of Coma 5 day
9 T 2 D D		rise to immediate cause (a), stoting the underlying cause of Cirrhosis of Liver TAScites /month
AN: The law ratending or attending icate has been far use as the Health priar to	ATFON	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  19. WAS AUTOPSY PERFORMED?  YES NO
	CERTIFICATION	200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  200. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.)
IG PHYSIC the haspin r this certi detached ite Dept. at	MEDICAL	20c. TIME OF INJURY Month, Doy, Year Hour o.m.  20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, factory, street, office bldg., etc.)  20f. (City or town) (County) (State)
rending by ned by ned by ned by auld be the Sta		21. I certify that (1) (this hospital) attended the deceased fram July , 1963, to March 3, 1967, that (1) (we) last saw the deceased alive on March 3, 1967, and that death occurred at 63M, fram causes and an the date stated obove.
OR ATTE be retaine DIRECTOR ge 3 shau led with th		220. SIGNATURE  Classification M.D. ATTENDING MED. STAFF Merch 3, 1967
		22c. PHYSICIAN'S Walcutt W. GIBSON, MD, 4300 St. Barnabar Road, Morlow Hydr, Md.
TO HOSPITAL Page 4 may TO FUNERAL director, page shauld be fil		BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote)  Burial March 6-1967 Oedar Hill Cemetery Suitland, Maryland
VR A15 (4)	24	FUNERAL DIRECTOR BALLES ADDRESS DC 250. REC'D BY REGISTRAR 25b. RE



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH o. STATE b. COUNTY o. COUNTY Maryland Pr. Geo. Prince George MARYLAND and completely filled in by the fur remove carbon papers. Pages 1 n any event, within 72 hours ofter c. CITY OR TOWN (If outside corparate limits, write RURAL and give nearest town) CITY OR TOWN (If outside carporote limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b Temple Hills. Maryland Cheverly e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS 5611-Old Temple Hills RD SE YES NO DE Prince George General Hospital 3. NAME OF Lost 4. DATE Month Day Year DECEASED (Type or print) 14th 1967 JOSEPH PORTER March N. DEATH IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED B. DATE OF BIRTH 9. AGE (In years S. SEX 6. COLOR OR RACE NEVER MARRIED last\_birthday) Months Days Haurs Jan. 25, 1915 Male White WIDOWED DIVORCED ond in an 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired)
Washington Gas Light COLINTRY? INDUSTRY physician Washington, DC 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME burial, cremation, or removal, S. Baldwin Porter Emma Madison C. 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, na, ar unknawn) ((If yes give wor or dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT permit. Ruth M. Porter (Wife) Same as Item #2 07 7981 INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per tine for (o), (b) and (c).)
PART I. DEATH WAS CAUSED BY: signed by the buriol-transit p ONSET AND DEATH IMMEDIATE CAUSE (o' Page 4 may be retained by the haspital or attending physician. DUE TO Canditions, if any, which gove rise to immediate couse (a), DUE TO stating the underlying cause os the State Dept. of Health prior to has been 19. WAS AUTOPSY PERFORMED? PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) far use NO FUNERAL DIRECTOR: After this certificate 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 1B.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Yeor Hour a.m. Not While foctory, street, office bldg., etc.) at work ot wark 21. I certify that (I) (this hospital) attended the deceased from 19 67 and that death occurred at 3 10 M, from couses and on the date stated above. saw the deceased alive on\_\_\_ 22b. DATE SIGNED 22o. SIGNATURE STAFF PHYS. Mar. 15-1967 X M.D. PHYS. DIRECTOR director, page 3 should be filed v 22d. ADDRESS 22c. PHYSICIAN'S Dr. Stephen W. Nealon, Jr. 1746-K-St., N.W. Wash. D. C. NAME (Type) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 23o. BURIAL, CREMATION, Cedar Hill Cemetery ZSo. RECD BY REGISTRAR REMOVAL (Specify) Suitland, Maryland 0 25b. REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66 Simmons MAR Bros. -1661-Good Hope Rd SE Wash DC

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs ofter death

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

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	PLACE OF DEATH O. COUNTY	~				2. USUAL RESIDENCE (\) o. STATE		b. COU		nce befor	e odmissio	on)
	PI	nce Georg		MARYL		Mary			Mont	And the party		
		If outside corporate limits d give neorest tawn)	s,	c. LENGTH OF STAY IN	16	c. CITY OR TOWN (If ou	tside corpo	rote limits, write RU	RAL ond giv	e neores	t town)	
	Hya	ttsville		NVEARS		Kens	ingt	on		150		
	d. NAME OF HOSPIT	TAL OR INSTITUTION (If no	ot in haspital, g	ive street oddress)		d. STREET ADDRESS					e. IS RESID	ENCE
	Car	roll Manc	r			1141	9 Lu	nd Plac	0			NO 😓
	NAME OF	Fi	rst	Middle		Lost	4. DATE	Mon	th	Doy	Yeo	ar
	DECEASED (Type or print)	Hannah		Α.	P	owderly	OF DEAT	H March	29		196	7
S.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED		B. DATE OF BIRTH		9. AGE (In years	IF UNDER		IF UNDER	
F	emale	White.	WIDOWED	DIVORCED	_	ept.30,18	90	76 yrs.	Months	Doys	Hours	Min.
100	. USUAL OCCUPATION	(Give kind of work done life, even if retired)	10b. KII	ND OF BUSINESS OR ]	111	11. BIRTHPLACE (County	& Stote, or f	oreign country)		ITIZEN OF		
R	et'd Cl	erk	Ser	vice Comm	2.	Carbonda	le.	Penna.		SA		
	FATHER'S NAME					14. MOTHER'S MAIDEN I						
	Joseph	Powderly	7		170	Catheri	ne T	oftus				
15.	WAS DECEASED EVI	R IN U.S. ARMED FORCES?	16. 9	OCIAL SECURITY NO.	17.	NFORMANT		Addr	ess			
(Ye	s, no, or unknown)	(If yes give wor or dotes of		7 10 1077	7 1/1	Talan A	T	, gam	e as	#2		
		EATH (Enter only one cou			OI MIT	s. John C.	Linc	<u>n</u>		1 INT	ERVAL BET	WFFN
		TH WAS CAUSED BY:			1				2 da	0.41	SET AND D	
	332	X IMMEDIATE CAUSE	. ,	rebral Embo	itus				2 00			
	Conditions II											
	conditions, it ony	, which gove	(b)									
	rise to immedio	te couse (o),	(b)									
	rise to immedio stoting the unde last.	te couse (o),	то									
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Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the vageral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be detached far use as the burial, crematian, ar remaval, and/in any event, within 72 haurs after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after bear

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		MEDICA	L EXAMINER'S	CERTIFICATE	OF DEAT	1	041	22
PLACE OF DEATH     O. COUNTY				2. USUAL RESIDENCE	(Where deceose	d lived, if institu b. COU		efore odmission)
Prince Ge	eorge's		MARYLAND	Maryla		P:	rince Ge	
b. CITY OR TOWN (if or write RURAL ond gir	utside corporote limits,	c. Ll	ENGTH OF STAY IN 1b	c. CITY OR TOWN (If	outside corporat	limits, write RL	JRAL ond give ned	orest town)
Cheverly			DOA	Mitche	lville		10	-/
d. NAME OF HOSPITÄL	OR INSTITUTION (If not	in hospital, give st	reet oddress)	d. STREET ADDRESS				e. IS RESIDENCE ON A FARM?
	eorge's Ger	neral Hos			Box 11			YES X NO
3. NAME OF DECEASED	First		Middle	Lost	4. DATE OF	Mor		Day Year
(Type or print)	James		Ryan	Proctor	DEATH	AGE (In years	T IF UNDER 1 YEA	24 19 67 AR   IF UNDER 24 HRS
5. SEA 0.	COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	٧.	lost birthdoy)	Months Do	
male I	Negro	WIDOWED	DIVORCED BUSINESS OR	12-19-66	ata ar faraian cou	yrs.	1 3 1 5 12. CITIZEN	L OF WHAT
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NONE  13. FATHER'S NAME				14. MOTHER'S MAIDE	YLAND N NAME		_LU.S	A
James	Brown			Barbara		022		
15. WAS DECEASED EVER IN		16. SOCIAL	SECURITY NO. 17	INFORMANT	11000	Addr	ress	
(Yes, no, or unknown) (If				loubous Du		D+ 7	Dans 11	3 0
	H (Enter only one couse			arbara Pr		N/C to a la co	Box 11	LO INTERNALIBETWEEN
PART I. DEATH	MAR CALLERD DV		rmined (S	DTT)		MICCHE	TOTTHE	INTERVAL BETWEEN ONSET AND DEATH
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7121	DUE TO	ASSOCI	ated with	pulmonary	conges	tion.	on latema	
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY a. STATE b. COUNTY Prince George's Maryland Prince George's MARYLAND c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) b. CITY OR TOWN (If outside corporate limits, write-RURAL and give neorest tawn) 2 days Oxon Hill d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Prince George's General Hospital 8313 Bock Road YES NO TX 3. NAME OF Middle 4. DATE First Last Month Year DECEASED John Proctor March 19 67 (Type or print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS. SEX 6. COLOR OR RACE DATE OF BIRTH 9. AGE (In years 7. MARRIED NEVER MARRIED 63 birthdoy) Manths Doys Male Colored 12/21/03 WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, ar foreign country) 12. CITIZEN OF WHAT during most of working life even if retiralet. COUNTRY? Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Elizabeth (Unkown) George Proctor 15. WAS DECEASED EVER IN U.S. ARMED FORCES? RFAddreBox 2540 Marlbo 16. SOCIAL SECURITY NO. 17 INFORMANT (Yes, no, ar unknown) (If yes give wor or dotes of service Helen Harley-Daughter 6-2548 Mary 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gave rise to immediate couse (o), DUE TO stoting the underlying couse 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO 2Do. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Dov. Year 20d INJURY OCCURRED (City or town) (County) (State) Hour o.m. factory, street, office bldg., etc. 21. I certify that (I) (this haspital) attended the deceased fram March 2. , 1967, to March 4 , 1967, that (I) (we) last saw the deceased alive on March 4. 19 67, and that death accurred at 11 1.44M, fram causes and an the date stated above. 22o. SIGNATURE 22b. DATE SIGNED

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event, within 72 hours after

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signed by

has been

this certificate

be retained by the hospital or attending

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death

PHYSICIAN'S NAME (Type) R.U. FRA NCHI

I.D. PHYS.

MED.AM ST

STAFF PHYS.

3-6-67

URIAL CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OF CREMATORY

TORY . 23d. LOCATION (Ci

(Caunty) (State)

24. FUNERAL DIR

FUNERAL DIRECTOR - ADDRESS OF

MAR 1 0 1967

Clarke Judge

Poge 4 may be retained to 15 styles and director, page 3 shauld should be filed with the

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TO HOSPITAL. ATTENDING PHYSICIAN: The law requires that the death certificate be executed to a nour same season. Age 4 to retained by the hospital or attending physician.

TO FUNERAL I CTOR: After this certificate has been signed by the attending physician and completely in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any eyent, which 72 hours after death.

## 15M 9/60

### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 04124 04124

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence be	efore admissjon)
a. COUNTY	a. STATE b. COUNTY	1
Prince Georges MARYLAND	mory and finne frunde/	
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town)	c. CITY OR OWN (If outside corporate limits, write RURAL and give neare	st town)
Forestville	Lothian	- 7
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)		IS RESIDENCE
		ON A FARM?
Begent Nursing Home		ES NO
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day	Year
(Type or print) Mary RobertA	Prout DEATH March 23	1967
		JNDER 24 HRS.
	A control of 2 Clast birthday) Months Days Ho	ours Min.
Female while widowed DIVORCED []	NPRIL 25,1000 183 VIS.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	RY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WI	HAT COUNTRY?
	1xthian Md OSD	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
T-100 Stute 11		
LISTAR STANTON NOTWELL	Roberta Winterson	
	INFORMANT Address 7.4 A	
(Yas, no, or unkown) (Ifyesgivewarordatesofservice)	INTERSON PROUT, COTHIAN MO	
18. CAUSE OF DEATH [Enter only one cause per line for (a) (b), and (c).]		AL BETWEEN
PART I, DEATH WAS CAUSED BY:	ÖNSET	AND DEATH
IMMEDIATE CAUSE (a)	e-premoved	140
191X DUE TO		. 1
Conditions, if any, which \ (b)	48	10
gave rise to Immediate cause		
(a), stating the underlying DUE TO		
cause last. (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	IOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. W	PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO  20. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURE OR CONTRIBUTING   CAUSE OF DEATH OR CONTRIBUTING   CAUSE OF DEATH OF ITE ITHER, NOTIFY MEDICAL EXAMINER)	- wheel Ham a letter down YES	
26a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURED	D. (Enter nature of injury in Part t or Part II of item 18.)	
OR CONTRIBUTING CAUSE OF DEATH		
500	ACE OF INJURY (Home, farm, 20f. (City or town) (County)	(State)
Hour a.m.  While Not While at work at work	story, street, office bridge, arc.)	
P.00.	A 5 10/A . 2 22 10/A	(1) () 11
21. I certify tha (I) (this hospital) attended the deceased from.		
saw the deceased alive on 3-22 19.67, and that	it death occured atM, from the causes and on the date	stated above.
22a. SIGNATURE	ATTENDING MED. STAFF	22b. DATE SIGNED
MIN MARCE	M.D. PHYS. X DIRECTOR PHYS. 3	- 23-67
22c. PHYSICIAN'S	22d. ADDRESS	1
NAME (Typo) Robert B. SASSCER	upper Marlboro, Maryland	
		(51-1-1)
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county)	(State)
BURIAL 3-25-67 MH CALVAR	4 LOTHION INC	
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. BEGISTRAR'S SIGNATURE	
There as stored on the Gold on wells We	MAR 2.8 1967 Icharles Judge	-
Indiano I recorded I to the out the	MAR GO 1001 G	

MAR 2 8 1987 Prisoner Junger

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH 04126 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) District of Columbia a. COUNTY Prince George MARYLAND b. CITY OR TOWN (If autside carparate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest tawn) write RURAL and give neorest town) 2 years, 2 mo Washington Hyattsville d. STREET ADDRESS e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) Sacred Heart Home, 5805 Queens Chapel Rd. 1126 Shepherd Street. N.E. NO D YES 4 DATE 3. NAME OF First Middle Last Day Year DECEASED 67 19 (Type or print) Mary Pyne March Agnes DEATH IF UNDER 1 YEAR AGE (In years IF UNDER 24 HRS. S SFX DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthday) Manths Davs Haurs WIDOWED DIVORCED Female White Aug. 7. 1872 94. yrs. 12. CITIZEN OF WHAT 11. BIRTHPLACE (Caunty & State, or fareign cauntry) 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR COUNTRY? during most of working life, even if retired) INDUSTRY United States Germany 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Brøderick Peterson Agnes Krusa 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, na, ar unknawn) ((If yes give war ar dates of service) 16 SOCIAL SECURITY NO. 17. INFORMANT Address Sacred Heart Home, Hyattsville, Maryland -62-6194 no INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line for (o), ONSET AND DEATH PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUF TO** Conditions, if ony, which gove rise to immediate cause (a). DUF TO stating the underlying couse lost. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) 20c. TIME OF INJURY Manth, Day, Year Haur o.m. Not While factory\_street, affice blda., etc.) While al wark ot wark 21. I certify that (1) (this hospital) attended the deceased from Lameny and that death occurred at 3 m. M. fram causes and an the date stated above. saw the deceased olive on\_ 22a/SIGNATURE 22b. DATE SIGNED STAFF PHYS. PHYS. DIRECTOR M.D. 22d. ADDRESS PHYSICIAN'S NAME (Type) NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) BURIAL CREMATION. 23b. DATE THEREOF (County) (State) 23a. REMOVAL (Specify)
Buria Olivet Washington Mt. 256 REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR CLLINS

be executed within 24 haurs after death by the funeral Pages Tand filled in by the funeran papers. Pages 1 and thin 72 haurs afferded campletely filled Pour and in any eve remave pup physician a ATTENDING PHYSICIAN: The law requires that the death certificate crematian, ar remaval, attending phys permit. signed by the burial-transit Page 4 may be retained by the haspital ar attending physician. signed burial, as the prior tal has been use State Dept. af Health After this certificate tor be detached , page 3 shauld be filed with the O FUNERAL DIRECTOR: directar, I shauld be

VR A15 (4) 20 M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

DAIDE

04127 CERTIFICATE OF DEATH

F.J. COLLINS 3821-146 ST. N.W. WHSH. D.C.

								US	16	0	
1. PLACE OF DEATH					2. USUAL RESIDENCE (	Where dece	osed lived, if institu b. COL		nce befor	e odmissio	on)
Prince	Georges		MARYI	LAND	Maryland	1		ce Ge	moe	S	
b. CITY OR TOWN	(If outside corporate limit	rs,	c. LENGTH OF STAY IN	N 1b	c. CITY OR TOWN (If or		rote limits, write RL	JRAL ond giv	e neores	t town)	
Cheverly	nd give neorest town)		59 days		Hvattsvil	110			110-	/	
	TAL OR INSTITUTION (If n	ot in hospitol, g	give street oddress)	- 1	d. STREET ADDRESS					e. IS RESID	
Prince G	eorges Gene	ral Hos	spital		4834 - 69	th Pl	.ace			ON A F	NO A
3. NAME OF	F	irst	Middle		Last	4. DATE	Mor	nth	Doy	Ye	ar
(Type or print)		Willi	am J	Qu	igley	OF DEATI	H Mar	ch	10,	19 (	67
5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8.	DATE OF BIRTH		9. AGE (In years	IF UNDER		IF UNDER	
Male	White	WIDOWED	DIVORCED		7/5/90		lost birthday) 76 yrs.	Months	Doys	Hours	Min.
	N (Give kind of work done		ND OF BUSINESS OR DUSTRY		11. BIRTHPLACE (County		oreign country)		TIZEN OF DUNTRY?		13.
during most of working Steam Fi	tter (Ret				Delawar			US			
13. FATHER'S NAME					14. MOTHER'S MAIDEN						
Frank	c Quigley				Elizabe	th B	ridgema	n			
1S. WAS DECEASED EV	ER IN U.S. ARMED FORCES?		SOCIAL SECURITY NO.		FORMANT		Add		same		
(Yes, no of unknown)	(If yes give wor or dates	of service) 5	78-20-587	76 Mr	s.Bernar	d E.	Zeimet	Z	#2		
18 CAUSE OF D	DEATH (Enter only one co	use per line for	(a), (b), and (c) )			-	_		1 INT	ERVAL BET	WEEN
	ATH WAS CAUSED BY:		TERM	1 14/4	CA	1	HAICEE	43		ISET AND D	
157	IMMEDIATE CAUSE	* *	1000	- Ino V		V		17	1		1
Conditions, if on			2 META	6,0x8	15 TO	BIRI	ALM 10	1200	60	ment	no
rise to immedio	te couse (a),	(b)				1-0			-		
stoting the under	erlying couse	(c)	LUER								
PART II. OTHER S	SIGNIFICANT CONDITIONS		TO DEATH BUT NOT RELA	ATED TO TH	F TERMINAL DISEASE CO	NDITION GIV	VEN IN PART 1(o)		19.	WAS AUT	OPSY
N N N N N N N N N N N N N N N N N N N	Norm Contributions	CONTRIDOTINO	DOT NOT KEE							PERFORM ES D	NO [
NO ACCIDENT WAS OR CONTRIBUTION OR CONTRIBUTION	AS UNDERLYING 🗆	1 20h DE	SCRIBE HOW INJURY OC	CHIPDED (E	nter nature of injury in	Port Lor De	art It of item 19 \		'	D M	NO L
OR CONTRIBUTING	G CAUSE OF DEATH	200. 00	SCRIBE HOW INJURY OF	COKKED. (E	mer nordre or injury in	FUII I UI FU	on n or nem 16.)				
THE CHINES, NOTH	Y MEDICAL EXAMINER)	1 201 1	WINDY OCCUPATED	20 21165	of willing (I)	100	100	- 15			15
Hour o	JURY Month, Doy, Yeor .m. 19	While of world			OF INJURY (Home, farr y, street, office bldg., etc.		(City or town)	(Co	ounty)		(Stote)
21. I cert	ify that (I) (this has	spital) atten	ded the deceased t	fram	hou.	1966.	to March	10 , 196	37, th	nat (1) (	we) la
	deceased alive any		1967 0	ind that	death occurred at	0-00	M, fram causes	and an t	he dat	e stated	d abov
22o. SIGNATURE			1 1 //			MED.			ATE SIGN		
	Cramas &	1 //.	Ralane	7 M.D.	ATTENDING PHYS.	DIRECTOR	STAFF PHYS.	Mar	ch	10,	196
22c. PHYSICIAN'		-		1	22d. ADDRESS						
NAME (Type	Thomas C	. Mal	oney //	/	4814 -	718	t Ave.L	andor	er,	Md	
23o. BURIAL, CREMAT			23c. NAME OF CEME	TERY OR TER	EMAIDRY	23d. L	OCATION (City or To	own)	(County	) (5	Stote)
Burial	ha)	/67	Fort Li				adensbul	,	,	-	- '
24. FUNERAL DIRECT		/ 0 /	ADDRESS	11001		D BY REGIST					
F.J. COLL		-14th	ST- N.W. W	HZH		7 0	1967 40	EGISTRAR'S	by yo	wage.	
		- / / -	// " /V ! W ! LL	A ST and IT	" LE . L DRIE "		T - T   1/		77.5	20	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death TO FUNERAL DIRECTOR: After this certificate hos been signed by the ottending physicion and completely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carban papers. Poges 1 and shauld be filed with the State Dept. of Health prior to burial, crematian, or removal, and many event, within 72 hours ofter death Page 4 may be retained by the hospital or attending physician.

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Lang agree of	BE COMMITTEE OF		W. S. C. W. S. W. S.

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	04128		CERTIFIC	CATE OF	DEATH	041	27	
1.	PLACE OF DEATH	Q1,			L RESIDENCE (When			ce before admission)
	Dr.	The	MARYL	a. ST	MANUI!	FINA b. COU		DMERY
	b. CITY OR TOWN (if o	utside corporate limits	c. LENGTH OF STAY		R TOWN (If outside	corporate limits; wi		
	teller	ve neglest town	1 40	u/4 8	Il VIED	SOPIN	0 15	2
	d, NAME OF HOSPITAL	OR INSTITUTION of not in	hospital, give street ad	dress) d. STREE	T ADDRESS	OVICIO	7	e. IS RESIDENCE
>	leven de	day her	sey Jon	10.	710 KI	MLoch	Rd	ON A FARM? YES NO NO
3.	NAME DF DECEASED (Type or print)	FLIA	Middle	RLa	4 . 9 OF	ATH Har	h Da	Year 10 67
5.		LOR OR RACE   7. MARRI	TO NEVED ALADDED	1 8. DATE OF	BIRTH		LIF LINDER 1 YEA	R IIF UNDER 24 HRS.
	-	WIDOW		gan	18/1886	(ast hirthday)	Months Days	
10a	a. USUAL OCCUPATION (Giring most of working life	ve kind of work done 10b	. KIND OF BUSINESS OR INOUSTRY	11. BIRT	HPLACE (County & S			
uui	HOUSEL	-/-	MOOSIKI	CAN	bridg =	IT	COUNT	SA
13.		41 1.1	, ,	14. MOT	HER'S MAIDEN NAM			
1	FRANK	N. MEL	ENdy	CF	IIA Z	STR	6149	
15	. WAS DECEASED EVER IN es, no, or unkown)  (If yes	U.S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMAN		Addre	ss	
	(11)ES	Give was of dates of services	08-03-1141	POUL G	APRIL	Same an	0#2	
	18. CAUSE OF DEATH	[ Enter only one cause po	ine for (a), (b) and (c)	n 1	. 0.		INT	ERVAL BETWEEN
	PART I, DEATH W	AS CAUSED BY: EDIATE CAUSE (a)	Querra	e / Rr	ougone	7	UN	IST AND DATH
-	332X	DUE TO	5.00.0	2/1		0		
	Conditions, If any, w	hieh ) (b)	areour	affer	religie			
	gave rise to Immed cause (a), stating	DILE TO	15 L 36	ribia	Confrei		77 19	
_	underlying cause last.	(c)	000	70 00	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~			
0	PART II. OTHER SIGNIFI	CANT CONDITIONS CONTR	IBUTING TO DEATH BUT NO	TRELATED TO THE	TERMINAL DISEASE	CONDITION GIVEN IN	PART 1(a)   19	. WAS AUTDPSY PERFORMED?
ICA							Y	ES ND
RT	20a. ACCIDENT WAS U	NDERLYING 20b.	DESCRIBE HOW INJUR	Y OCCURRED. (Ent	er nature of injury i	n Part I or Part II o	of Item 18.)	
CE	DR CONTRIBUTING [] (IF EITHER, NOTIFY M	EDICAL EXAMINER)						
CAI	20c. TIME OF INJURY Hour a.m.			e. PLACE OF INJU	RY (Home, farm, 20	f. (City or town)	(County)	(State)
MED	p.m.	19 Whi		TO	5 67	1	. 17	
	21. I certify that	(I) (this hospital) atte	nded the deceased fro	m_/e0	0 19	to	199/	that (I) (we) last
	saw the decease			d that death occ	curred at # 23 M	, from the causes	and on the da	ite stated above.
	22a. SIGNATURE	11 Soft		ATTENO	INC. MEO	OTAFF	22b. OATE S	IGNED
	Le Company	I gre	une	M.D. PHYS.	OIRECTO	R PHYS.	3/4	5/6/1
	22c. PHYSICIAN'S C NAME (Type)	WILL, E	TIFNNE	22d. /	ADDRESS (al	lege 1	Dank	Md
23a	BURIAL, CREMATION	23b. DATE THEREOF	23c. NAME OF CEN	METERY OR CREMA	TORY   23d.	LOOATION (City, to	own or counts	(Syate)
/	REMOVAL (Specify)	MAR 251	17 /EF E	UNIERAL	House 1	12201	DC	(Glate)
24		111111111111111111111111111111111111111	ADDRESS	VIVURINE	25a. REC'D BY R	EGISTRAR L 25b. A	ELISTRAR'S SIG	NATURE
X	Landel X	alado	Lawel	MI	DATE MAR 2	7 1967	narces	10
4	more of a	- ue	1000-000	1	DATE			

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## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

VR A15 (4) 25M 1/67

TO FUNI directo shaulo

. (	14129			CERTIF	ICATE	OF DE	ATH			0	412	8		
	ACE OF DEATH COUNTY	Prince Geor	rges	MAR	YLAND	2. USUAL R o. STATE	Maryl:	here dec and	eosed lived,	if institution b. COUN	on: Resider	Geo!	odmission	1)
		outside corporate limited give nearest town)	s,	c. LENGTH OF STAY 12 days	IN 1b	c. CITY OR T			orote limits,		AL ond giv	e neores	town)	
d. 74		at or institution (if no Georges Georges				d. STREET A	DDRESS 4 Tru	man	Road			1	ON A FA	ENCE RM? NO X
DE (Ty	AME OF CEASED (pe or print)	Fii Wil	st Lliam R	Middle Reid si	r	Last		4. DAT OF DEA		Monti	ch 2		Yea 19 <b>6</b>	7
S. SE	male	6. COLOR OR RACE  white	7. MARRIED WIDOWED	NEVER MARRIED  DIVORCE		DATE OF BI		1	9. AGE (Ir 55 bit bit	rthdoy) yrs.	IF UNDER Months	Days Days	Hours	Min.
		(Give kind of work done life even if retired)		ND OF BUSINESS OR DUSTRY		11. BIRTHPL		State, ai ylan	r fareign cour <b>d</b>	try)		TIZEN OF	WHAT	
13. F	ATHER'S NAME	Thomas J	Reid			14. MOTHER	S MAIDEN N	tye	M Orme	9				
IS. \ (Yes,	NAS DECEASED EVE no, or unknown)	R IN U.S. ARMED FORCES? (If yes give wor or dotes o	16. S 577	OCIAL SECURITY NO. 10 7255		FORMANT inor B	Reid		Hyat	Addre t <b>svi</b> l	ss.le, N	ld.		
() I	PART I. DEA'  1 4 2 1  Conditions, if ony, ise to immediate under	e cause (a), rlying couse	(o) (b) (c) (c)	Burde	osl				reme			ON	RVAL BETV	ATH
ERTIFICATION	000. ACCIDENT WAS	CAUSE OF DEATH		O DEATH BUT NOT REI									WAS AUTO PERFORME S	PSY D? NO
MEDICAL		10	20d. IN While at work	JURY OCCURRED  Not While of work		OF INJURY ( ry, street, offic		, 20	f. (City or	town)	(Co	unty)	(5	itote)
			pital) attend Brack	ed the deceased 22 19 <u>6</u> 7,	fram and that M.D.	death acc ATTENDING PHYS.	ORESS	MED. DIRECTOR	, ta luce M, fram ST. PH	AFF YS.	and an t		stated	
	BURIAL, CREMATIC			23c. NAME OF CEM			3	23d.	LOCATION (	City or Tov	vn) Pro (		Md	ote)
24.	F. Gas	ch's Sons	Hyatts	ADDRESS ville, Md			2So. REC'D		STRAR		GISTRAR'S S			

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10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filted in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and should be filed with the State Dept. at Health priar ta burial, crematian, ar remaval, and in any event, within 72 haurs after deat Page 4 may be retained by the haspital ar attending physician.

> VR A15 (4) 25M 1/67

	DIVISION OF VI	TAL RECORDS, 301 W. PRESTO	N STREET, BALTIMORE,	MARYLAND 21201
	04130	CERTIFICATE	OF DEATH	04129
	PLACE OF DEATH O. COUNTY Prints	Zoorge MARYLAND	2. USUAL RESIDENCE (Where o. STATE Md	deceased lived, if institution: Residence before admission) b. COUNTY Prince Geo.
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Glenarden	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside	corporate limits, write RURAL and give nearest town)
)	d. NAME OF HOSPITAL OR INSTITUTION (If not in ho		d. STREET ADDRESS	06-Hamlin   e. is residence ON A FARM? YES   NO
	NAME OF First DECEASED (Type or print) Decease (Type or print)	74. Middle		DATE Month Doy Year OF 3 - 18 - 19 6 7
S.	1. 1 10 1	ARRIED NEVER MARRIED 6	DATE OF BIRTH	9. AGE (In yeors IF UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min. Yrs.
	n. USUAL OCCUPATION (Give kind of work done ing most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & Stor	(e, or foreign country)  12. CITIZEN OF WHAT COUNTRY?  (COUNTRY?
13.	FATHER'S NAME Robert 1.	Ridgley	14. MOTHER'S MAIDEN NAME	Freen
15 (Y	WAS DECEASED EVER IN U.S. ARMED FORCES? es, no, or unknown) (If yes give wor or dates of service)	e) 579-24-63 25	rFORMANT /Fatil	Ridgley Hamlim ST
	18. CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)	line for (a) (b), and (c).	ovary &	interval BETWEEN ONSET AND DEATH
	Conditions, if ony, which gove nise to immediate couse (a),	Hyp	erlogis	ion Grooth
	stoting the underlying couse   DUE TO	apr	Crosc	croses fyre
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIB		25-V P.H	YES NO
	20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED. (	Enter noture of injury in Port I	
MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. p.m. 19		E OF INJURY (Home, farm, ary street, office bldg., etc.)	20f. (City or town) (County) (Stote)
	21. I certify that (I) (this hospital) saw the deceased alive on		death occurred at	19 (I) (we) las M, fram causes and an the date stated above
	220. SIGNATURE	, Jodg M.D	ATTENDING MED. PHYS. DIRE	CTOR STAFF 22b DATE SIGNED
00	22c. PHYSICIAN'S NAME (Type)	5. loda Mil	28 Rhode	Island Avoy, N.W-
	De Burial, CREMATION, REMOVAL (Specify)  23b. Date Thereof  3 - 22 - /4	"Involvery"	remo Park	23d. LOCATION (City or Town) (County) (Stote)  76 0 1-Shuf, R.D. Lausdown 94.D.
2		ADDRESS Mer-# 19-15 437 S	E.J.C. MAR 2	registrar 25b. registrars signature # 357  Clearles Judge

4-3-MARYLAND STATE DEPARTMENT OF HEALTH

\* Committee 88150 A CONTRACTOR OF THE PARTY OF TH added to the state of the state

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeradirector, page 3 should be detached for use as the burial-transit permit. Then please remove-carbon papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours the neath. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after dea Page 4 may be retained by the hospital or attending physician.

> VR AIS (4) 20M 1/65

# MARYLAND STATE DEPARTMENT OF HEALTH VISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1		US 31 Item #9 Film #0357 372	7/5/56	
		PLACE OF DEATH a. COUNTY Pr. George's MARYLAND	a. STATE Maryland b. COUNTY Pr	. George's
4		b. CITY OR TOWN (if outside corporate limits.   C. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL	and give nearest town)
A		write RURAL and give nearest town) Riverdale 5 Min.	Belt sville	16-1
U		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
3		Leland Memorial Hospital	3700 Sellman Rd.	YES NO E
	3.	NAME DF First Middle	Last 4. DATE Month	Day Year
		DECEASED (Type or print) Katie Lillian	Riley DEATH March	19 1967
	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	DATE OF BIRTH L9 AGE (In years LEUNDER)	1 YEAR IF UNDER 24 HRS.
J		Female W WIDOWED DIVORCED	April 2/,1903 6/2/ yrs.	
	10a	. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or foreign country)   12. Cl	TIZEN OF WHAT
	uuii	ing most of working life, even if retired) INDUSTRY	Virginia	USA
	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
- 1		? Jordan	Unknown	
	15.	. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.	INFDRMANT Address	
- 1		s. no. or unkown) (If yes give war or dates of service)		
			ck M. Riley-Item # 2	INTERVAL DETWEEN
		18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]	-7	ONSET AND DEATH
		PART I. DEATH WAS CAUSED BY: Coronary Occ	One day	
- 1		420 / DUE TO		
			Arteriosclerosis	Unknown
		gave rise to immediate cause (a), stating the DUE TO		
		underlying cause last. (c)		1
0	S	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
2	S	Diabetes Mell:	itus	YES NO
	CERTIFICATION	20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH	RRED. (Enter nature of Injury in Part I or Part II of Item 18.	)
		OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
	MEDICAL	factor	CE OF INJURY (Home, farm, 20f. (City or town) (Coury, street, office bldg., etc.)	nty) (State)
		Hour a.m. While Not While p.m. 19 at work at work	y, attoot, othor blug., occ.,	
	-	21. I certify that (I) (this hospital) attended the deceased from	9 - 19 1960 to $3 - 19$ 196	7, that (i) (we) last
		saw the deceased alive on $3 - 15$ 1967, and that	death occurred at 7 PM, from the causes and on the	he date stated above.
		22a. SIGNATURE	22b. D	ATE SIGNED
		LIII MAUMA M.D.	ATTENDING MED. STAFF 20	March, 167
		22c. PHYSICIAN'S	22d. ADDRESS	
1	13	NAME (Type) L. W. Malin	4404 Queensbury Rd. Ri	verdale, Mo
	23a	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify)		unty) (State)
		Burial 3/23/67 Parklawn Ceme	Rockville, Md.	
	24.	FUNERAL DIRECTOR 1331 ADDRESS Rockville P	ike 25a. REC'D BY REGISTRAR 25b. REGISTRAR	S STENATURE
1		Jyson Whull Rockville, Md.	DANEAR 2 3 1967	0
10	-	The state of the s	WINIT D. U. T.	

and the same of th THE RESERVE OF THE PERSON OF T I Take Save (10 ) - 100 To management TO SECURE SECURE SECURE SECURE SECURE The state of the s The state of the s

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the functor director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 bours after death. hours after death TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Page 4 may be retained by the hospital or attending physician.

	DIVISION OF	MA STATISTICAL RES		, 301 W. PRESTON STR	LTH EET, BALTIMORE 1, MARYLAND
	04132		CERTIFICATI	E OF DEATH	04131
1.	PLACE OF DEATH a. COUNTY Prince		MARYLAND	a. STATE Maryland	deceased lived, If institution: Residence before adm b. COUNTY Prince Georges
	b. CITY OR TOWN (If ou	itside corporate limits.	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside	corporate limits, write RURAL and give nearest

1. PLACE OF BEATH a. COUNTY Prince Georges MARYLAND				2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. SPATE B. COUNTY Maryland Prince Georges c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)								
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)										st town)		
	Che	everly		3 days		Lan	dover				16-	/
	d. NAME OF HO	SPITAL OR INSTITUTION (	if not in he	ospital, give street ad	dress)	d. STREET ADDRESS				8.	IS RES	SIDENCE FARM?
_		orges General	Hosp	ital		312		h Ave.		Y	ES 🗌	NO IX
3.	NAME OF DECEASED	First		Middle		Last	4. DAT		onth	Day	Ye	
	(Type or print)	Rosa		M		Rivera	DEA		larch	7	19	67
5.	SEX	6. COLOR OR RACE 7.				. DATE OF BIRTH		last birthda	ars   IF UNDER Months	1 YEAR Days	Hours	
	emale	HILLE	VIDOWED			30 Oct.,189	3	73 yrs		TITEM	N H MARILLA	
dur	ing most of work	TION (Give kind of work don ling life, even if retired)	e 10b. K	IND OF BUSINESS OR IDUSTRY		Portae	Rica	ite, or toreign cou	ntry)   12. CC	TIZEN C	IF WHA	
									U.S	5 . A		
13	. FATHER'S NAM	Victora R	iver	3.		14. MOTHER'S MAII	den name a A.					
15	WAS DECEASED	EVER IN U.S. ARMED FORCE	S2   16	SOCIAL SECURITY NO.	1 17	INFORMANT		hA	dress ,,			
(Ŷ	es, no, or unkown)	(If yes give war or dates of ser	vice) 21	54 8830		Mary Niev	es	Same a	8 # 2			
	18. CAUSE OF	DEATH [Enter only one ca	use per l	ne for (a), (b), and (c)	.1					INTER	RVAL BE	TWEEN
	PART I. D	EATH WAS CAUSED BY: , IMMEDIATE CAUSE (a).	Pu	lucuary	Ed	2412				ONSE	II AND	DEATH
	4201	DUE TO	1	N. Ellin I elli								
	Conditions, If		211	yeocardice	1 1	allone						
	gave rise to	immediate (	-									
	underlying cause last. (c) Coronac & Cakera Occasa											
NO		SIGNIFICANT CONDITIONS					DISEASEC	ONDITIONGIVE	IN PART 1(a)	19.	WAS A	JTOPSY
CAT	(	arcsuoma o	flo	us + pu	eul	noutes				YES	PERFO	NO N
Ē			,	1		RRED. (Enter nature o	of Injury In	Part I or Part	II of Item 18		4	
CERTIFICATION	OR CONTRIBUT	WAS UNDERLYING  ING CAUSE OF DEATH TIFY MEDICAL EXAMINER										
	20c. TIME OF	INJURY Month, Day, Yea	r   20d. II	NJURY OCCURRED   20	De. PLA	CE OF INJURY (Home, f	arm, 20f	. (City or town	i) (Cou	inty)	-	(State)
MEDICAL	Hour a.	m. m. 19	While at work	Not While	facto	ry, street, office bldg., o	etc.)					
	21. I certi	fy that (I) (this hospita	l) attende	ed the deceased fro	om		96.7		, 1967	, th	at (I) (	we) last
13	saw the de	ceased alive on	3/7	19.67_, ar	nd that	death occurred at	.25 MM	from the caus	ses and on t	he date	state	d above.
	22a. SIGNATU	RE C	1				MES	0715	22b. D	ATE SIG	NED	
	6	dum )	Ler	sen	M.D		MED. DIRECTOR	STAFF PHYS.		3/7	/67	
	22c. PHYSICIA NAME (T	'mal				22d. ADDRESS						
		Dr. Edwi	1 J.	Jensen		Prince Ge						
23	BURIAL, OREI		REOF	23c. NAME OF CE	METERY	OR CREMATORY	23d.	LOCATION (CIT	y, town or cor	inty)	(S	tate)
1	Junial	3-4-19	67	MXC	li	nex	L	Jash	1,010	2010	a selle F	
24	EUNERAL DIR	ECTOR	-/	ADORESS	7	2000		GISTRAR 25b.	REGISTRAR		ATURE	
1	11/11/1.	1/2 / 2/ - 1/	11. V	1 1.	1/.	ALLA P	X.	HOG7	march	Made	1	

VR A15 (4) 15M 4-64

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Dr. Berry J. Jenken Crimer Gro. v.meral toma. . Chavertolki.

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS 301 W PRESTON STREET BALTIMORE MARYLAND 21201

	04133 Item #8	Film #G387 CERTIFICATE	OF DEATH		04132
1	PLACE OF DEATH  o. COUNTY  Prince George   b. CITY OR TOWN (If ourside corporate mints,	MARYLAND	o. STATE	b. COUNTY  le corporote limits, write RURAL	
	write RURAL and give nearest town) Cheverly	10 days	Kentlan	16-1	
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol,  Prince George's General Ho		d. STREET ADDRESS 7624 Kilm	en Street	e. IS RESIDENCE ON A FARM2 YES NO
	NAME OF First DECEASED (Type or print) Joseph	Middle		. DATE Month OF	Doy Year
	SEX 6. COLOR OR RACE 7. MARRIED  Male Cauc. WIDOWED	NEVER MARRIED   8	DATE OF BIRTH  5-10-84/ 188	83 last birthdoy) M.	ONDER 1 YEAR   IF UNDER 24 HRS. onths   Doys   Hours   Min.
d		(IND OF BUSINESS OR NDUSTRY	11. BIRTHPLACE (County & SI  King Georg  14. MOTHER'S MAIDEN NAM	ge Co. Va.	12. CITIZEN OF WHAT COUNTRY?
	John Rogers	SOCIAL SECURITY NO. 17. IV	Catherine	Trigger	
	Yes, no, or unknown) ((If yes give wor or dotes of service)	J	osenh L. Ro	CATUR JOL Address ;	TSLIGHE, mas
	Conditions, if ony, which gove nise to immediate cause (a), stating the underlying cause	r(o), (b), and (c).) ngester Has	of Forela	ic.	INTERVAL BETWEEN ONSET AND DEATH
VIION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE	HE TERMINAL DISEASE CONDIT	TION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
MEDICAL CERTIFICATION	20o. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURRED. (	Enter noture of injury in Port	t I or Port II of item 18.)	
MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. 19 20d. While p.m. 19 ot wo		E OF INJURY (Home, form, ry, street, office bldg., etc.)	20f. (City or town)	(County) (Stote)
	21. I certify that (I) (this haspital) atter saw the deceased alive an3-23	nded the deceased fram			, 19_6/that (I) (we) last d an the date stated abave
	220. SIGNATURE Eclery 222. PHYSICIAN'S	ener M.D	ATTENDING ME PHYS. DIF	D STAFF C	22b. DATE SIGNED  March 24, 1967
/	NAME (Type) Edwin J. Jense		Prince Geo	rges General H	
	30. BIRIAL, (REMATION, PEMOVAL (Specify) BUT1a1  24. FUNERAL DIRECTOR	23c. NAME OF CEMETERY OR C	REMATORY 250. REC'D B	23d. LOCATION (City or Town) King George PREGISTRAR 196725b. REGISTRAR	Co. Virginia
	F. Gasch's Sons 473	Baltille, His	The MO DATE MAN	20 1001	G. U

carban papers. Pages 1 and 2 ent within 72 haurs after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely killed in by the footand director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and shauld be filed with the State Dept. af Health priar to burial, crematian, ar removal, and in any event within 72 haurs after deat TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after Page 4 may be retained by the haspital ar attending physician.

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		Section Second
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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
04134 CERTIFICATE OF DEATH
04133

03103	02100
1. PLACE DF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
a. COUNTY	a. STATE b. COUNTY
Prince George  MARYLAND b. CITY OR TOWN (if outside corporate limits.   c. LENGTH OF STAY IN 1b	Maryland Prince George c, City or Town (if outside corporate limits, write RURAL and give nearest town)
write RURAL and give nearest town)	of other of total (if outside objected milita) with its and give houses total
Greenbelt Unknown	Greenbelt. /6-/
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?
3 B Ridge Road	3B Ridge Road YES NO
3. NAME DF First Middle	Last 4 DATE Month Day Year
DECEASED (Type or print)	OF.
Mabel Maria	ROLDI March 90/
7. MARKIED X NEVER MARKIED	last bigthday) Months   Days   Hours   Min.
Female   White   WIDOWED   DIVORCED	5-1-00 66 yrs. Molitals Days Hours Mill.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT
Housewife At Home	Pennsylvania COUNTRY? U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Louis Jehle	Mary Elizabeth Wagner
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. (Yes, no, or unknown)   (If yes give war or dates of service)	INFORMANT Address Md.
	muel Rolph, 3B Ridge Rd. Greenbelt,
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	I INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: Carcinomatosis	1 month ONSET AND DEATH
IMMEDIATE CAUSE (a)	1 month
DUE TO	2 7
Conditions, if any, which (b) Adenocarcinoma of	COTOU
gave rise to immediate cause (a), stating the DUE TO	
underlying cause last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)   19. WAS AUTOPSY
TAC	PERFORMED?
PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	JRRED. (Enter nature of injury in Part I or Part II of Item 18.)
OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	TRED. (Eller liature of injury in Part 1 of Part 11 of Roll 10.)
	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
Hour a.m.  p.m,  19  While Not While at work	13, street, omconing, etc./
	October 13, 1966, to March 9, 1967, that (1) (we) last
	t death occurred at 3:10 M, from the causes and on the date stated above.
22a. SIGNATURE	ATTENDING MED STAFF 7
Cil. Ollieares M.C	D. PHYS. DIRECTOR PHYS.
22c. PHYSICIAN'S NAME (Type) C T Taranana M D	22d. ADDRESS
C. J. Houmann, M. D.	4404 Queensbury Rd. Riverdale, Md.
23a. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY	Y OR CREMATORY   23d. LOCATION (City, town or county) (State)
Burial Mar.13.1967 George Was	hington Gemetery Hyottowille Md.
Burial Mar. 13, 1967 George Was	1 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
11111 Clar lun P (A). 00 A	MAR I 3 1967 Actionles Judge
111. 111. Challen Maria ( m. / 15-12 1- allexa (1/1)	DATE

VR A15 (4) 15M 4-64

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puried dark. 18,1967 George Washington Conescry, Avergevings, Ac.

## FOR STATE 04135 HEALTH DEPT. 1. PLACE OF DEATH

any deloy is

necessory, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages Fand 2 with the State Department af

Health prior to burial, cremotian, or remaval, and in any event within 72 hours after deoth.

This certificate should be executed within 24 haurs after death. If

TO DEPUTY MEDICAL EXAMINER:

MARYLAND STATE DEPARTMENT OF HEALTH
IVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

04135						S CERTIFI			
	DIVISION (	OF VITAL	RECORD	S. 301	W. PRES	TON STREET	, BALTI/	MORE	, MARYL

UATS	3	MED	ICAL EXAMINER	'S CERTIFICATE (	OF DEATH	04134	3
PLACE OF DEAT     O. COUNTY	Н			2. USUAL RESIDENCE o. STATE	(Where deceased lived, if in	stitution: Residence before COUNTY	e odmission)
	ince George	ts	MARYLAND	Maryland	Pı	rince George	918
b. CITY OR TOWI	N (If outside corporate limi	its,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	utside corporate limits, writ	e RURAL ond give neores	t town)
Chever	ond give neorest town)		DOA	Cheverly	r	16-1	,
	PITAL OR INSTITUTION (If I	not in hospitol, g		d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
Prince	George Gene	ral Hos	nital	6307 Josly	m Place		YES NO X
3. NAME OF		First	Middle	Lost	4. DATE	Month Doy	Year
(Type or print)	Agn	nes		Rooney	OF DEATH	3 7	19 67
S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In year		Hours Min.
Female	White	WIDOWED	DIVORCED [	1 Feb. 1878		yrs. Monnis Duys	HOUIS MIN.
TAGLISHAL OCCUPAT	ION (Give kind of work done		ND OF BUSINESS OR	11. 8IRTHPLACE (Stote	e or foreign country)	12. CITIZEN OF	
None None	ing life, even if retired)	INI	DUSTRY	Irelar	nd	U.SUNITA?	•
13. FATHER'S NAME				14. MOTHER'S MAIDEN			
	Jeremia			Mare	garet Curt	in	
IS. WAS DECEASED	EVER IN U.S. ARMED FORCES n) (If yes give wor or dotes	? 16. S	SOCIAL SECURITY NO.	17. INFORMANT		Address	
(7 63, 110, 01 UHKHOW	", Ku kes dika wai ai aalas	57	7 07 76180	Joseph L.	Rooney San	me as # 2	
18. CAUSE OF	DEATH (Enter only one co	ouse per line for	(o), (b), ond (c).)			INT	ERVAL BETWEEN
1	DEATH WAS CAUSED BY: IMMEDIATE CAUS	E (o) Hear	failure			mir	SET AND DEATH
4/20		E TO Arter	riosclerotic	heart diseas	е	unkr	nown
	ony, which gove	(b)					
	iderlying couse DU	E TO					
last.	,	(c)					
PART 11. OTHER	SIGNIFICANT CONDITIONS	CONTRIBUTING T	O DEATH 8UT NOT RELATED	TO THE TERMINAL DISEASE CO	ONDITION GIVEN IN PART 1(	(a) 19.	WAS AUTOPSY PERFORMED?
E Diab	etes - over						ES NO
Diab  20o. EXTERNAL PRIMARY OF	CAUSE WAS CONTRIBUTING	20b. DE:	SCRIBE HOW INJURY OCCUR	RED. (Enter nature of injury in	Port I or Port II of item 1	8.)	
	Н.						
20c. TIME OF I	NJURY Month, Doy, Year o.m. p.m. 19	While	Not While	. PLACE OF INJURY (Home, far foctory, street, office bldg., etc		vn) (County)	(State)
21. I cer	tify that I took char	ge of the ren	noins described above	, held on Autopsy	Inspection X	Inquiry x, and	in my opinio
		rat couses		Suicide . Homicide			, ,
	1/	IN		CHIEF MEDICA	L EXAMINER		
ACTUAL SIGNATURE	John	2/1	1h	M.D. ASSISTANT ME	DICAL EXAMINER		22. DATE SIGNED
EXAMINER'S	//	( ) 1		DEPUTY MEDIC	CAL EXAMINER 🔀		
			Riverdale, M		et, city, town, or county)	3.	-8-67
230. BURIAL, EREMAN	23b. DATE T 3-10-		cedar Hi	111	23d. LOCATION (City Suitlan		(Stote)
24. FUNERAL DIRE	CTOR		7 ASPRESS 774	th St S ZSg. REC		b. REGISTRAR'S SIGNATUR	
daher	Malle	ngy	Wash. TB	th St S MAR	1 0 1967	Charles Ju	dec

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#### MARYLAND STATE DEPARTMENT OF HEALTH **DIVISION OF VITAL RECORDS, 301** W. PRESTON STREET, BALTIMORE, MARYLAND 21201

04136

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

		THE PIONE ENGINEERS	02111111071112			14	33	
I. PLACE OF I	DEATH		2. USUAL RESIDENCE (	Where deceosed	lived, if institut	on: Residence	before odmis	sion
o. Codinii	Prince George's	MARYLAND	o SMarylan			Itimo		V
	TOWN (If outside corporate limits, IRAL and give nearest tawn)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If or		limits, write RUI	AL ond give	neorest town)	
	Cheverly	DOA	Essex	(21)		03	-2	
	HOSPITAL OR INSTITUTION (If not in h	ospitol, give street address)	d. STREET ADDRESS				e. IS RE ON A	SIDENCE FARM?
	Prince George's H	ospital	Box 767	Rt.	l Beck	lve.	YES	NO 🕗
3. NAME OF DECEASED	First	Middle	Last	4. DATE	Mont	_		Year / C
(Type or pri			Root	DEATH	Mar			9 67
S. SEX		ARRIED NEVER MARRIED	B. DATE OF BIRTH		AGE (In yeors lost birthdoy) 50 yrs.	Months	Doys Hour	DER 24 HRS. Min.
male	MITTE	DOWED DIVORCED	March 5, 19			1 10 (17)	TEN OF WILLIAM	
during most of	UPATION (Give kind of work dane working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY Sheet Metal Contr	11. BIRTHPLACE (State		itry)	COU	ZEN OF WHAT NTRY?	
Sneet	Metal Worker	Sheet Metal Contr		timore		US	1	
13. FATHER'S			14. MOTHER'S MAIDEN					
1C WAS DECE	Jessie Root  ASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.	INFORMANT	?	Addre	ee.		
(Yes, no, or unl	(If yes give wor or dotes of servi					.33		
			Marie J. Roo	T 38	ame		INTERVAL E	DETWEEN
	E OF DEATH (Enter only one couse per T I. DEATH WAS CAUSED BY:						ONSET AND	
4	1200 IMMEDIATE CAUSE (o)	Heart failure	2				MATILLE	65
1	s, if ony, which gove ) (b)	Arteriosclero	tio honet di				OTTON	3 vrs
rise to im	mediate cause (a),	Arterlosciero	DETC HEALT OF	LSease			OVCI	7 712
lost.	e underlying couse (c)							
PART II. C		BUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	NDITION GIVEN	IN PART 1(o)		19. WAS A	
NOT I							PERFOR	NO 1 1
20o. EXTE	RNAL CAUSE WAS	20b. DESCRIBE HOW INJURY OCCURRED	). (Enter noture of injury in	Port I or Port I	I of item 1B.)			
PRIMARY CAUSE OF	or Contributing  DEATH.							
	OF INJURY Month, Doy, Yeor		LACE OF INJURY (Home, form		(City or town)	(Cour	ity)	(Stote)
W W	faur a.m. p.m. 19	While Nat While of work at wark	octory, street, office bldg., etc.	)				
21.	certify that I took charge of	the remains described abave, I	neld an Autapsy 🔀,	Inspection	x, Inqu	iryx ,	and in m	y apinian
	resulted fram: Natural Qu		icide , Hamicide		determined m	anner 🔲		
ACTUAL		1/1/0	CHIEF MEDICAL	EXAMINER [				4
SIGNATU	RE John	10 to	m.v.	DICAL EXAMINER			3-4-	TE SIGNED
EXAMINE NAME (Ty		M.D.	ARIVERS	AL EXAMINER	County)		7 4	
23o. BURIAL, C		23c. NAME OF CEMETERY O			ATION (City or Ta		County)	(State)
BULL	(pecity) 3/8/67	Gardens of F	aith Cemeter		timore,	Mary	and	
24. FLINERAL	DIRECTOR July en	ADDRESS	2Sa. REC	BY REGISTRA	967 25b. &	Clark	NATU LEES	gt.
Bruzda	zinski Funeral Hor	me 1407 Eastern A	ve. DATEMA	16.4 0			0 9	7

FOR STATE
HEALTH DEPT. arry delay is in pencil in Item 18. Give Pages 1, 2, and 3 to PM3. Page the funeral director. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with farm This certificate shauld be executed within 24 haurs after death. If "pending" necessary, please execute the certificate, writing the ward TO DEPUTY MEDICAL EXAMINER:

TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the State Department

Health priar ta burial, cremation, ar remaval, and in any event within 72 haurs after death.

VR A 15ME (5)

5 may be retained far yaur files.

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Love meters of the tol come level bestern Ave.

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MARYLAND STATE DEPARTMENT OF HEALTH

PRIVE EFFORETS 17/14/14/12 PAR GEO. CC. HEST HYSTOLIES IN HYSTOLIESE HATTERNET HERE DON'THEREN TO LOUIS DENJAMIN RESENTARL MARCH 16, 67 MAPE WATE MAY 1, 1983 53 HARTFORD-CONNECTION 1,2,1 GLERK FACTORY SAMORE KOSENTARE SCHOMAN BOY WHAT CHIEF OF THE CHY-10 STOROBERT ROSERTHAL HYRKENINE, MZ. dy Malignant Chieblastoma 3-12 51-8 Sullet B. Cushen

		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
E #9E	(	CERTIFICATE OF DEATH
e funer 1 and er deatl	1.	PLACE OF DEATH a. COUNTY  Prince Brorges  MARYLAND  2. USUAL RESIDENCE (Where deceased lived, It institution: Residence before admission) a. STATE  M. D. COUNTY  BLOS, Co
in by the face. Pages 1 hours after		b. CITY OR TOWN (if outside corporate mits, write RURAL and give nearest town)  write RURAL and give nearest town)  Do. A  C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  Linivipally
within 24 hours letely filled in by ribon papers. Pa t, within 72 hours	7 (F	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?
vithin letely 1 rbon p , within	3.	NAME DF First Middle Last / 4. DATE Month Oay Year DECEASED
uted withir completely ove carbon r event, with	5.	(Type or print)  SEX  6. COLOR, OR RACE 7. MARRIED NEVER MARRIED 8. OATE OF BIRTH  9. AGE (In years   Funder 1 year   Funder 24 Hrs.
e execu an and ( e remov	10a	USUAL OCCUPATION (Give kind of work done   10b. KIND OF BUSINESS OR   11. BIRTHPLACE (Coupty & State, or foreign country)   12. CITIZEN OF WHAT COUNTRY?
physician n please val, and i	-	FATHER'S NAME 14. MOTHER'S MAIDEN NAME  14. MOTHER'S MAIDEN NAME
certificat ending phy it. Then p	15	Louis Roy Mary Courtney
death c e atten permit. ion, or r	(Ye	WAS DECEASED EVER IN U.S. ARMEDORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address s, no, or unknown) (If yes give war or dates of service)  Family of Dicloset (Same as #2.)
hat the deat cian. ed by the at transit pern I, cremation,		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART 1. OEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  INTERVAL BETWEEN ONSET AND DEATH STRUCK
ires that physiciar n signed burial-tra burial, cr		Conditions, If any, which ) OUE TO Contenues least Disease 9 years
law requirenting plans been as the been prior to be		gave rise to Immediate cause (a), stating the underlying cause last.  DUE TO
4: The law cal or atten fificate has for use as Health pric	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTOPSY PERFORMED? YES 1 NO 1
PHYSICIAN: The Land the hospital or at this certificate detached for use EDept. of Health	CERTIFICATION	20a. ACCIDENT WAS UNDERLYING   20b. OESCRIBE HOW INJURY OCCURREO. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING   CAUSE OF OEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
ATTENDING PHYSICIAN: The law requires that the death certificate be executed within retained by the hospital or attending physician.  •••••••••••••••••••••••••••••••••••	MEDICAL	20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED Hour a.m.   20d. INJURY OCCURRED factory, street, office bldg., etc.)   20f. (City or town) (State)
Noing P ned by t R: After uld be c the State	M	21. 1 certify that (I) (this hospital) attended the deceased from , 1958, to Feb., 1961, that (I) (we) last
L OR ATTENDII by be retained DIRECTOR: A age 3 should filed with the S		saw the deceased alive on Fig. 19 67, and that death occurred at M, from the causes and on the date stated above.  22a. SIGNATURE   22b. DATE SIGNED.
O HOSPITAL OR Page 4 may be r Puge 4 may be r O FUNERAL DIRE director, page 3 should be filed w		22c. PHYSICIAN'S 22c. P
O HOSPITAL Page 4 may O FUNERAL director, pa	1	NAME (Type) ARTHUR B ROSENBAUM 2121 Pennylvanio, With
TO Fa	23a	Burial March 29.1967 Hate Of Heaven Cemetar montgomery Co. Mil
VR AI5 (4)	24	Truly palters 254 Carract St. 25. Carract St. 250. REGISTRAT 256. HERISTRATS SIGNATURE AND ALLES JUST CREATER STATES SIGNATURE SIGN
20111 1/00	1.1	

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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

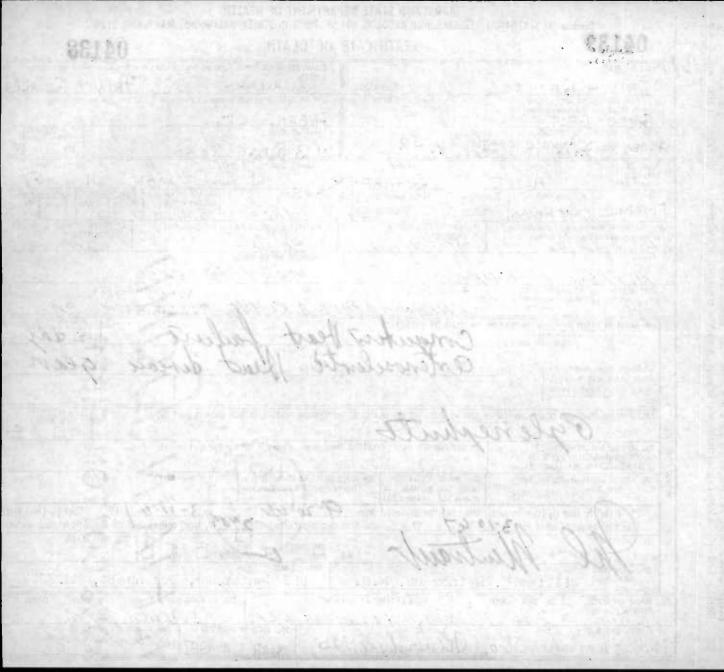
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**TO FUNERAL DIRECTOR:** After this certificate has been signed by the ottending physician out accompletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. Poge 4 may be retained by the hospitol or attending physician.

10 HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death.

VR A15 (4) 20 M 1/66

0.8TO3	CERTIFICATE	OF DEATH		04138
1) PLACE OF DEATH		2. USUAL RESIDENCE (Who	ere deceosed lived, if institution:	: Residence before odmission)
PRINCE GEORGE'S	MARYLAND	O. STATE MARYLA	N.D. COUNTY	TRINCE GEORGES
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)	c. LENGTH OF STAY IN 16	C. CITT OR TOWN (IT OUTSI	de corporote limits, write KUKAL	ond give nearest tawn)
GREENBELT		GREENBEI		16-/
d. NAME OF HOSPITAL OR INSTITUTION (If not in hos	pitol, give street oddress)	d. STREET ADDRESS	- 0	e. IS RESIDENCE ON A FARM?
GREENBELT CONVALESCENT		61 B RIDGI		YES NO X
3. NAME OF First DECEASED (Type or print)  ALICE	SCHAFFF		4. DATE Month OF DEATH MAR	Day Year
(Type or print)  S. SEX  6. COLOR OR RACE  7. MAI		B. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR   IF UNDER 24 HRS.
ADUA C	OWED DIVORCED	3-1-1885	lost birthday) 82 yrs.	Months Doys Haurs Min.
10o, USUAL OCCUPATION (Give kind of work done	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & S		12. CITIZEN OF WHAT
during most of working life, even if retired)	AT HOME	PENN.	A	COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
ALFRED H KU		MARY	PETERS	of min -
1S. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ((If yes give wor ar dotes of service		INFORMANT	Routess	3
No -	UNKNOWN PA	UL A KUHN	& ALLENTO	
1B. CAUSE OF DEATH (Enter only one cause per li PART I. DEATH WAS CAUSED BY:	ne far (o), (b), ond (c).)	theat !		INTERVAL BETWEEN ONSET AND DEATH
4200 IMMEDIATE CAUSE (o)	Conguna	Ad M	action	- Leng
Canditians, if ony, which gove ) (b)	a Merivselen	olie Wee	of dereau	t gear
rise to immediate couse (a), DUE TO		//		
lost. (c)				
PART II. OTHER SIGNIERANT CONDINONS CONTRIBU	TING TO SEATH BUT MOT RELATED TO	THE TERMINAL DISEASE CONDI	TION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED?
E Grene	mult			YES NO
20a. ACCIDENT WAS UNDERPRING OR CONTRIBUTING OCAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Yeor Hour a.m.	05. DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in Por	rt I or Port II of item 1B.)	
20c. TIME OF INJURY Month, Day, Yeor Hour a.m.		CE OF INJURY (Home, form, tary, street, affice bldg., etc.)	. 20f. (City or town)	(County) (Stote)
21/1 certify that (I) (this haspital)	attended the deceosed from	Q-20-66,19	to 3-11-6	, that (I) (we) last
saw the deceased alive on 3-10	47 19 , and tha	t death occurred at 🧵	M, fram causes an	on the date stated abave
220. SIGNATURE	1.1.12		ED. STAFF	22b. DATE SIGNED
22c BAYSKIAN'S	MANY M.	D. PHYS. OI	TRECTOR L PHYS. L	
	Jeintraub, M.D.		terway, Green	belt, Md. 20770
23o. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR		23d. LOCATION (City or Town)	
REMOVALISHERIN 3-15-190	7 JORDON LUTA	IERAN CEM		0.0
24. FUNERAL DIRECTOR	ADDRESS	2So. REC'D B	BY REGISTRAR 25b. REGIS	STRAR'S SIGNATURE
W.W. Chambers 100.	Mirwadale!	DAGBAD CW	1 / 1967	carles judge



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH and 2 death. death PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY COUNTY the h STATE Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after after TINCE George's AR MARYLAND Georges CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) hours veri d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? NO T PHYSICIAN: The law requires that the death certificate be executed within the hospital or attending physician. 3. NAME OF DATE First Month Dav Year Middle ų4. DECEASED (Type or print) 1967 DEATH YARCH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE NEVER MARRIED last birthday) Months Davs Hours 3 WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY 12. CITIZEN OF WHAT USA 11. BIRTHPLACE (County & State, or foreign country) Housewite sconsin 13. FATHER'S NAME MOTHER'S MAIDEN NAME un Known 15. WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT Address Forestville, Ha (Yes, no, or unkown) (If yes give war or dates of service) 746 CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gave rise to immediate DUE TO cause (a). stating underlying cause last. (c) CERTIFICATION WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT EN IN PART 1(a) YES N NO 20a. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) OCCURRED. (Enter nature of Injury in Part I MEDICAL TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Home, farm.) 20d. INJURY OCCURRED 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While at work OR ATTENDING at work 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at // 25 M. from the dauses and on the date stated above. saw the deceased alive on-222 SIGNATURE DATE SIGNED 22b. ATTENDING PHYS. STAFF PHYS. DIRECTOR M.D. PHYSICIAN'S 22c. 22d. ADDRESS NAME (Type) BURTAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) FORT LINCOLN remation FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4)

15M 4-64

### MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH 04141 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) Prince Georges b. COUNTY Prince Georges MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town) Mt. Rainier 20 days Cheverly e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS 3802 - 30th St. YES NO Prince Georges General Hospital 3. NAME OF Middle 4. DATE Doy Lost Month Year DECEASED Schellinger Charles Wm. March 23 1967 (Type or print) DEATH IF LINDER 1 YEAR IF UNDER 24 HRS S SEX 6. COLOR OR RACE B. DATE OF BIRTH AGE (In veors 7. MARRIED NEVER MARRIED lost birthdoy) Months Dovs Hours DIVORCED White WIDOWED 5/14/05 61 Male 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done COUNTRY? A. during most of working life even if retired) IIn IVOUSTRY Md. Police New Jersey 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Washington Schellinger Florence M Gates 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, not or unknown) (If yes give wor or dotes of service) Mildred Schellinger Mt. Rainier, Md. 577289454 INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART 1. DEATH WAS CAUSED BY: ONSET AND DEATH Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse WAS AUTOPS PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) PERFORMED? NO 205 DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, (Stote) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED (City or town) (County) foctory, street, office bldg., etc.) Hour o.m. of work ot work 19 to March 23, 1967, that (1) (we) lost 21. I certify that (1) (this haspital) attended the deceased fram. saw the deceased alive an March 23 1967, and that death accurred at 3:30 M, from causes and an the date stated above. 22b. DATE SIGNED 22o. SIGNATURE DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) Colmar Manor, Md. Ft Lincoln Crematory 3-25-Cremation **ADDRESS** 24. FUNERAL DIRECTOR 2Sb. REGISTRAR'S SIGNATURE Nalley Funeral Home Mt Rainier, Md.

death. ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after completely filled in by the f nove carban papers. Pages carban papers. Pacent, within 72 haurs remov or removal, attending p burial-transit signed by 1 as the priar tal has been af Health by the hospital ar this certificate detached TO FUNERAL DIRECTOR: After director, por

> VR A15 (4) 20 M 1/66

414140 Saryland Frince Service reinies .: Mt. Reinier Prince Granges Santral over Lt. 2012 - 30th St. Hr. Schallings | March La an area MAYON TOWN SE YOUR HE to a title it is that if you goe and it about the largest that the same of the same · In the last of t

#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

04142	MED	ICAL EXAMINE	R'S CERTIF	ICATE OF	DEATH	04141	
1. PLACE OF DEATH			2. USUAL	RESIDENCE (Who	ere deceosed lived,	if institution: Reside	nce before odmission)
o. COUNTY Prince Geo		MARYLAN	o STAT Mar	yland		Prince Ge	orge's
<ul> <li>CITY OR TOWN (If outside corporo write RURAL and give nearest town</li> </ul>		c. LENGTH OF STAY IN 1		,	de corporote limits,	write RURAL ond gir	ve neorest town)
Cheverly		DOA	Lan	ham			16-1
d. NAME OF HOSPITAL OR INSTITUTIO	N (If not in hospitol,	give street oddress)	d. STREET	ADDRESS		_	e. IS RESIDENCE
Prince George Ge	neral Hos		7300		uck Road	·	ON A FARM? YES NO X
3. NAME OF	First	Middle	Los	it 4	4. DATE	Month	Doy Year
(Type or print) Conrad A.	Schmiedi	cke ( alias-	James Af	ton)	OF DEATH	3	9 19 67
S. SEX 6. COLOR OR R		NEVER MARRIED	8. DATE OF		9. AGE (II		1 YEAR   IF UNDER 24 HRS.
male white	WIDOWED	DIVORCED [	11-5-	1915	lost bi	rthdoy) Months yrs.	Doys Hours Min.
10o. USUAL OCCUPATION (Give kind of wor		IND OF BUSINESS OR	11. BIRTI	HPLACE (Stote or	foreign country)	12. C	ITIZEN OF WHAT
during post of working life, even if retired Salesman	Aut	omobiles	Mary	land			OUNTRY?S.A.
13. FATHER'S NAME			14. MOTH	ER'S MAIDEN NAI	ME		
Otto Schmiedicke				Henrie	tta Steir	ibach	
15. WAS DECEASED EVER IN U.S. ARMED F	DRCES? 16.	SOCIAL SECURITY NO.	17. INFORMANT			Address	
Yes, no, or unknown) (If yes give wor or	dotes of service)	6-09-5615	Mag Uor	miotto	Cohmindi	oleo Dame	dalk Bldg.
	7		MID. HEL	TTTECCA	Delimited	cke, buil	
18. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED E	V.	, ,, , , , , , , , , , , , , , , , , , ,					INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE	CAUSE (o) Hea	rt failure					minutes
4200	DUE TO Art.	erioscleroti	c heartd	isease			over 1 yr.
Conditions, if ony, which gove	(b)						
rise to immediate couse (a),	DUE TO						
stoting the underlying couse							
	(c)						The war week
PART II. OTHER SIGNIFICANT CONDI	TIONS CONTRIBUTING	TO DEATH BUT NOT RELATE	D TO THE TERMINA	L DISEASE CONDI	ITION GIVEN IN PAI	RT 1(o)	19. WAS AUTOPSY PERFORMED? YES NO
200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	20b. Di	ESCRIBE HOW INJURY OCCU	RRED. (Enter noture	of injury in Po	rt 1 or Port II of ite	m 18.)	
20c. TIME OF INJURY Month, Doy, Hour o.m. p.m.	Yeor 20d. I While of wor	Not While	e. PLACE OF INJURY foctory, street, of		20f. (City o	r town) (C	ounty) (Stote)
21. I certify that I taak	charge of the re-	mains described above	e held an Aut	onsy 🗍	Inspection x	Inquiry x	and in my apinion
	Natural causes	_	Suicide .	Hamicide [	_	nined manner	
1			1	HIEF MEDICAL EX	AMINER		
ACTUAL	2/2 /7	. 1	0	SSISTANT MEDICA			22. DATE SIGNED
SIGNATURE	1117 / 16	J-V	IVI. D.	EPUTY MEDICAL	-		
NAME (Type) John Keho	e, M.D.	Riverdale,	Md.		ity, town, or count	()	3-9-67
perioriti te irli	ATE THEREOF	23c. NAME OF CEMETER	Y OR CREMATORY		23d. LOCATION (	City or Town)	(County) (Stote)
Buriation / 3/1	.3/67	Baltimore N	lational.		Baltimor	e, Md.	
Ulfich Funeral H	ome Dunda	lk, Md.		MART	4 1967	25h REGISTRAR'S	SIGNATURE
				DATE	.001	//	1 05

"pending" in pencil in Item 18. Give Pages 1, 2, and 3 ta ony delay is the funeral directar. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with farm PM3. Page This certificate shauld be executed within 24 haurs after death. If necessary, please execute the certificate, writing the ward TO DEPUTY MEDICAL EXAMINER: 5 may be retained far yaur files. A15ME (5) 6M 1/67

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department

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This certificate shauld be executed within 24 hours after death. If

TO DEPUTY MEDICAL EXAMINER:

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

04143

#### MEDICAL EXAMINER'S CERTIFICATE OF DEATH

04142

1. F	DEACE OF DEATH	e George's		MARYL	AND		sidence (w yland		sed lived, if institu b. COL	rince	Geo.	e admissio	n) 5
ŀ	b. CITY OR TOWN (I	t outside cornarate limit	S,	c. LENGTH OF STAY IN		c. CITY OR T	OWN (If out	side corpore	ote limits, write RI	JRAL ond give	e neorest	town)	
	write RURAL ond	give neorest town)		DOA		ll .	lcres				110	-1	10
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	MOUSEU	DIFE	AT	MOME			LINO			U	SA		
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	916,	DUE	TO										
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	stating the unde		TO										
	lost.	)	(c)								1		
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MARYLAND STATE DEPARTMENT OF HEALTH

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FEMALE CAUCASIAN WIDOWED DIVORCED 26 NOV 1923 43 yrs.  100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. KIND OF BUSINESS OR INDUSTRY  10b. KIND OF BUSINESS OR INDUSTRY  ADAIR KENTUCKY  11. BIRTHPLACE (County & Stote, or foreign country)  12. CITIZEN OF WHAT COUNTRY?  ADAIR KENTUCKY  U.S.A.  14. MOTHER'S MAIDEN NAME  SHREVE T. DAVIS  15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service)  NO N/A  16. SOCIAL SECURITY NO.  UNKNOWN  WARREN C. SHIPP-HUSBAND-SAME AS  INTERVAL BE ONSET AND  ONSTAND  ONSTAND  OUT TO  Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse (o).  PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1/G)  19. WAS AUI	24 HR Min
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YES 20o. ACCIDENT WAS UNDERLYING □ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.)  20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.)	PSY FD2
206. ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.)	NO [
SE OR CONTRIBUTING □ CAUSE OF DEATH	
(IF EITHER, NOTIFY MEDICAL EXAMINER)	
3 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County)	
Hour a.m.  While Not While foctory, street, office bldg., etc.)	(Stote)
21. I certify that XIX (this haspital) attended the deceased fram 23 FEB , 1967, to 1 MAR , 1967, that XI	(Stote)
saw the deceased alive an 1 MAR 1967, and that death accurred at 3:20 M, fram causes and an the date state	
220. SIGNATURE, 22b. DATE SIGNED	we)
ATTENDING MED. STAFF FELL	we)
Lock topper	we)
NAME (T)	we)
	we) d abo
REMOVAL (Specify)	we) d abo
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REMOVAL (Specify) 3-7-67 Applicate Mill G 78 Surger V  24. FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	we) d abo

**TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and completely filled in by the fundral director, page 3 should be detached for use os the burial-transit permit. Then please remove carbon papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours ofter death TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death Poge 4 may be retained by the hospital or ottending physician.

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#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

FOR STAT

04145

DEPT. with the State Department of

5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-tronsit permit. File pages Tond 2. Sheolth prior to burial, cremation, or removal, and in any event within 72 hours after death

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is

necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Poges 1, 2, and 3 to the funeral director. Poge 4 shauld be forwarded to the Chief Medical Examiner's Office along with form PM3. Page

VR A 15ME (5)

MEDICAL EXAMINER'S	CERTIFICATE	OF DEATH
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04145 MEDICAL EXAM	VINER'S CERTIFICAT	E OF DEATH	04144
1. PLACE OF DEATH o. COUNTY Prince George's	o. STATE	NCE (Where deceased lived, if lived, if lived)	institution: Residence before odmission) b. COUNTY Prince George s
b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF ST	AY IN 16 C. CITY OR TOWN	(If outside corporote limits, w	rite RURAL and give neorest town)
write RURAL ond give neorest town)  Cheverly  DOA	Bowie	3	16-1
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress			e. IS RESIDENCE ON A FARM?
Prince George General Hospital	13206 T	dlewild Drive	YES NO X
3. NAME OF First Middle	Lost	4. DATE	Manth Doy Year
OECEASED (Type or print) Fritz Juri	Simon	OF DEATH	3 7 19 67
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MAR		9. AGE (In y	eors   IF UNDER 1 YEAR   IF UNDER 24 HRS.
Male White WIDOWED & DIVO	RCED 23 April	1886 80	doy) Months Doys Hours Min.
10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS C		(Stote or foreign country)	12. CITIZEN OF WHAT
during most of working life, even if retired)  Letired Captain INDUSTRY Lerchant mar		,	UCOUNTRY?
13. FATHER'S NAME	14. MOTHER'S MA		
nknown		cnown	
TO THAT DECEMBED DIED IN HE ADMED FORCESS 14 COCIAL SECURITY A	O 17 INSORMANT		Address
(Yes, no, or unknown) (If yes give wor or dotes of service) 044 12 182	4 John F Simo	on Bowie, M	d.
18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)			INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Sarcoma of	iver		onset and death
156 1 DUE TO			
Conditions, if ony, which gove ) (b)			
rise to immediate couse (a), stating the underlying couse DUE TO			
lost. (c)			
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT	RELATED TO THE TERMINAL DISE	ASE CONDITION GIVEN IN PART	1(o) 19. WAS AUTOPSY PERFORMED?
ATIC			YES NO 1x
RIMARY □ or CONTRIBUTING □	Y OCCURRED. (Enter noture of in	ury in Port 1 ar Part II of item	18.)
	20e. PLACE OF INJURY (Hom	ne, farm, 20f. (City or to	own) (County) (State)
20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. p.m. 19 While at work at work	factory, street, office blo		(3010)
21. I certify that I taak charge af the remains described	above, held an Autapsy	, Inspection x,	Inquiry x, and in my apinia
death resulted fram: Natural courses , Accident	Suicide . Har	nicide Undetermin	ned manner
1 // //		EDICAL EXAMINER	With the period
SIGNATURE AND TO	11.0.	NT MEDICAL EXAMINER	22. DATE SIGNED
EXAMINER'S		MEDICAL EXAMINER	
NAME (Type) John Kehoe, M.D. Riverda		(Street, city, town, or county)	3-1-67
	cemetery or crematory ncoln Crematory	23d LOCATION (Cit Solmar Ma	y or Town) (County) (Stote) nor Pro Geo Md.
24. FUNERAL DIRECTOR  F. Gasch's ons Hvattsville.	2Sc		25b. REGISTRAR'S SIGNATURE

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY > b. COUNTY+ MARYLAND CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b corporate limits, write RURAL and give nearest town) write RURAL and give hearest town) anham IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS YES NO [ 3. NAME OF First Middle 4. DATE Month Year Dov DECEASED 1967 (Type or print) ctoria DEATH IF UNDER 1 YEAR AGE (In years IF LINDER 24 HRS 7. MARRIED NEVER MARRIED lost birthdoy) Months Dovs Hours WIDOWED K DIVORCED 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT Oo, USUAL OCCUPATION (Give kind of work done COUNTRY? during most of working life, even if retired) INDUSTRY MEGITER 13. FATHER'S NAME MULGEC3 MOTHER'S MAIDEN NAME WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give war or dotes of service 18. CAUSE OF DEATH (Enter only one couse per line for (o) INTERVAL BETWEEN ond (c) PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE fo' DUE TO Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse last WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO 20o. ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, (City or town) 20c. TIME OF INJURY Month, Day, Yeor 20d. INJURY OCCURRED (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) Not While of work 21. I certify that (1) (this hospital) attended the deceased from to \_\_, that (I) (we) last and that death occurred at 3 P. M fram causes and an the date stated above saw the deceased alive an 22o. SIGNATURE M.D. DIRECTOR PHYS. PHYS. 22d\_ADDRESS

22c. PHYSICIAN'S NAME (Type)

23o. BURIAL, CREMATION,

REMOVAL (Specify) uria 23b. DATE THEREOF

NAME OF CEMETERY OR CREMATORY

IVISRDAL LOCATION (City or Town)

(County) (Stote)

24. FUNERAL DIRECTOR

VR A15 (4) 20 M 1/66

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O FUNERAL DIRECTOR: After this certificate has been

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ATTENDING PHYSICIAN: The law requires that the

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#### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, Item #9 F1 STREET, BALTIMORE, MARYLAND 21201

04148

CERTIFICATE OF DEATH

04147

1.	PLACE OF DEATH					2. USUAL RESIDENCE (	Where dece	ased lived, if institu	tian: Reside	nce befare	e admissio	on)
	o. COUNTY	rince Georg	res	MARYLANI		o. STATE Mary		b cou	nce G	eore	res	-
		If autside carporate limit	,	C. LENGTH OF STAY IN 16		c. CITY OR TOWN (If a						
	write RURAL an	d give nearest tawn)	-,	142			twood		itte and gr	/ /	,	
		heverly TAL OR INSTITUTION (If n	at in harnital	33 days		d. STREET ADDRESS	rwood		/	6-1	e. IS RESID	DENCE
							0 27	th Street			ON A F	ARM?
-		rges Genera				431					YES	
	NAME OF DECEASED (Type or print)	James	irst	Middle E	Sr	last nith	4. DATE OF DEAT			Day 5	Уе 19	67
-	SEX	6. COLOR OR RACE	7. MARRIED			DATE OF BIRTH	J. J.	9. AGE (In years	IF UNDER	2 1 YEAR	IF UNDER	24 HRS
al	le	White	WIDOWED		5	9 April	1918	last pirthdoy)	Manths	Days	Haurs	Min.
100	. USUAL OCCUPATION	N (Give kind af wark dane		CIND OF BUSINESS OR		11. BIRTHPLACE (County		areign country)	12. C	ITIZEN OF	WHAT	
Hui	inducate facilities	ite even if refired)		NDUSTRY		Penna.			l t	OUNTRY?	A.	
13.	. FATHER'S NAME				1	4. MOTHER'S MAIDEN	NAME					
	Char	les C. Sm	ith			Agnes	Clar	ncev				
15	WAS DECEASED EVI	ER IN U.S. ARMED FORCES?	16.	SOCIAL SECURITY NO.	17. INF	ORMANT		Addr	ess		-	
(Y	es, no, or unknown)	(If yes give war or dotes	of service)		Fl	rence F	Smi	th Same	102	rai f	^	
-				lorence F. Smith Same D2 wife				ERVAL BET	WFFN			
	1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), end (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  Carcin emals					آخا					SET AND D	
	157X IMMEDIATE CAUSE (a) Carcino VIIII											
	Canditians, if any		0	11014 2010	al	Panere	ne	Primar	и			
	rise ta immedia	te cause (a),	(b) <u>C</u>	occupies moc	1	4	- (	4,001	1		-	
	stating the under	erlying cause	(c)		0				0	, 100		
		ICHIEICANT CONDITIONS		TO DEATH DUT NOT DELATED	) TO THE	TERMINAL DISEASE CO	NDITION GE	VEN IN DADT 1(a)		119	WAS AUT	VZQO
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  19. WAS AUTOPSY PERFORMED?  YES NO											
IFICA	20a. ACCIDENT WA	S UNDERLYING 🗆	20b. D	ESCRIBE HOW INJURY OCCUR	RRED. (En	ter nature of injury in	Part I ar P	art II of item 18.)			2	
CERT	OR CONTRIBUTING	CAUSE OF DEATH			, , ,	,		,				
	, , ,	MEDICAL EXAMINER) URY Manth, Day, Year	204	INJURY OCCURRED 20e	PI ACE	OF INJURY (Hame, farr	n. 2Df.	(City ar tawn)	(0	cunty)		(State)
MEDICAL	Haur a.	m.	While	e Nat While		, street, affice bldg., etc.		(e., a,	(-	,,		(5,5,5)
		m. 19		rk L. ot wark L.		Feb. 1	IN DIT	to muc	15 10	12 11		\ \ 1
		eceased alive on_	Pilal offer	nded the deceased from	m that d	leath accurred ot	7,30	Rimram causes	and an	the date	e stated	we) ic
	22a. SIGNATURE	Oat One to	X	Miller.		ATTENDING M	MED.	STAFF _	22b. [	DATE SIGN	D	
	22c. PHYSICIAN'S	Je ug le voca de	7	7 7000 400	M.D.	PHYS. 22d. ADDRESS	DIRECTOR	L PHYS. L		101	6/	
	NAME (Type	, 0				ZZG. ADDKESS						
00			20702	Too wine or crueron	V 00 50		Local	OCATION (C)		16 . 1		
	a. BURIAL, CREMATI			23c. NAME OF CEMETERY				OCATION (City or To	,	(County)	) (5	itate)
-			0/	Mt Olive	et (			shingto		.C.	) F	
	4. FUNERAL DIRECTO		300-	ADDRESS 4th St. N.E			By REGIS		EGISTRAR'S		udas	
- 1	ree ruit	erar monie	200-	terr nee ner		I DAMA	1117	IND/I	7-47	JO X		

**TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave (arban papers. Pages 1 and shauld be filed with the State Dept. of Health priar to burial, cremation, ar remaval, and in any event, within 72 haurs after death.

VR A15 (4) 25M 1/67

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 moy be retained by the hospital or ottending physician.

VR A15 (4) 25M 1/67

#### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

0414	CERTI	FICATE OF DEATH	n.	0.148					
1. PLACE OF DEATH a. COUNTY Pr	ince Coorces	2. USUAL RESIDENCE ( a. STATE D.C.		ition: Residence befare admission) JNTY					
Glenn Da	(If autside carparate limits, nd give nearest tawn)  1e (rural)  c. LENGTH OF STAN 2 mo. 2		c. CITY OR TOWN (If autside carparate limits, write RURAL and g  Washington						
	ITAL OR INSTITUTION (If not in haspital, give street address)  1e Hospital	d. STREET ADDRESS 1512 Max	ion St., N.W.	e. IS RESIDENCE ON A FARM? YES NO					
3. NAME OF DECEASED (Type or print)	First Middle Lorraine J.	Lost Smith	4. DATE Mor						
S. SEX Female	6. COLOR OR RACE 7. MARRIED NEVER MARRI Negro WIDOWED DIVORCE		9. AGE (In years last birthday) 54 yrs.	IF UNDER 1 YEAR   IF UNDER 24 HR   Manths   Days   Haurs   Min					
10a. USUAL OCCUPATION  during mast of working  Unemploy	ON (Give kind of work done glite, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY	Virginia		12. CITIZEN OF WHAT COUNTRY?					
13. FATHER'S NAME  John W.	Hubbert	14. MOTHER'S MAIDEN							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, ar unknawn) (If yes give war ar dates of service)  577-26-9779  Decedent  LITTLE M. MASON  Address  Decedent									
IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  Acute myogardial infarction  DUE TO  Canditions, if any, which gave rise to immediate cause (a), (b)  Arteriosclerotic heart disease									
stating the und	DUE TO   Generalized s	arteriosclerosis		unknown					
PART II. OTHER Pulmon	SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT R ary tuberculosis; chronic a			19. WAS AUTOPSY PERFORMED? YES NO					
OR CONTRIBUTIN	AS UNDERLYING   G  CAUSE OF DEATH Y MEDICAL EXAMINER)  20b. Describe how injury	OCCURRED. (Enter nature af injury in	Part I ar Part II af item 1B.)						
20c. TIME OF INJURY Month, Day, Year Haur a.m. p.m.  19 20d. INJURY OCCURRED While at work at									
	tify that K) (this haspital) attended the decease	d from 14-53, and that death accurred at	3-25 M, From couses	, 19 <u>67</u> that (A) (we) I ond an the date stated abo					
22a. SIGNATURE  W.D. ATTENDING MED. STAFF DIRECTOR STAFF DIRECTOR PHYS.   22b. DI									
22c. PHYSICIAN NAME (Typ			enn Dale Hosp le, Maryland	ital					
230. (BURIAL) CREMATION, REMOVAL (Specify) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23dy LOCATION (City or Town) Lanham, 7									
24. FUNERAL DIRECTOR  ADDRESS  ADDRESS									

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#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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necessary, please execute the certificate shauld be executed within 24 haurs after death. If any delay is the threessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral directar. Page 4 should be forworded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.  To FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages I and 2 with the State Department or many event within 72 hours offer death	1
ge d is	1.
delay nd 3 3. Pa ment	
PM PM	
es 1, le form form	
death with	3.
TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 haurs after death. If any delay is meessary, please execute the certificote, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 ta the funeral directar. Page 4 should be forworded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained far your files.  TO FUNERAL DIRECTOR: Page 3 should be used as a buriot-transit permit. File pages land 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours ofter death	3.
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#### MEDICAL EXAMINER'S CERTIFICATE OF DEATH

04149

PLACE OF DEATH     O. COUNTY	USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)     Q STATE								
Prince George's MARYLAN	Maryland Prince George's								
b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN II write RURAL and give nearest town)	b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)								
Cheverly DOA	Hyattsville /6/								
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress)	d. Street address  e. IS residence on a farm?								
Prince George General Hospital	5620 Hamilton Manor Drive								
3. NAME OF First Middle DECEASED	Last 4. DATE Month Doy Year OF								
(Type or print) Wilbur A	Smith   DEATH 3 26 19 67								
S. SEX 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED	B. DATE OF BIRTH  9. AGE (In years IFUNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min.								
male white WIDOWED DIVORCED	15 June 1907 59 Yrs.								
10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign country)  12. CITIZEN OF WHAT COUNTRY?								
TAXI CAB DRIVER DIAMOND CAB									
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME								
HARTWELL D. SMITH	UNKNOWN								
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT Address SG20 HAMILTON MANOR H								
(Yes, no, or unknown) (If yes give war or dates of service)	MRS. BERTHA F. SMITH HYMTTSVILLE, MA								
1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)	INTERVAL BETWEEN								
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Heart failure  ONSET, AND DEATH minutes									
4200 DUE TO Arterioscleroti	c heart disease over 2 yrs.								
Conditions, if ony, which gove ) (b)	3.50								
rise to immediate cause (o), stoting the underlying couse DUE TO									
last. (c)									
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATE	D TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY								
NOT.	PERFORMED?								
20o. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH.  20c. TIME OF INJURY Month, Doy, Yeor Hour o.m.  20d. INJURY OCCURRED 20 While Not While	IRRED. (Enter nature of injury in Port I or Part II of item 1B.)								
FRIMARY Or CONTRIBUTING CAUSE OF DEATH.	, , , , , , , , , , , , , , , , , , , ,								
20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20	De. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote)								
Hour o.m. While Not While	foctory, street, office bldg., etc.)								
D.III. OI WOIK CO OI WORK	ve, held an Autapsy , Inspection X, Inquiry X, ond in my opinior								
21. I certify that I took charge of the remains described above									
deoth resulted from: Nortyfol causes 🗷 , / Accident 🗌 ,	Suicide, Homicide, Undetermined manner								
ACTUAL JAKAS HOLD	CHIEF MEDICAL EXAMINER 22. DATE SIGNED								
SIGNATURE SIGNATURE	M.D. ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER X								
NAME (Type) John Kehoe, M.D. Riverdale.									
NAME (Type) John Kehoe, M.D. Riverdale, 23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER	RY OR CREMATORY 23d. LOCATION (City or Town) (County) (State)								
REMOVAL (Sherify)									
24. FUNERAL DIRECTOR ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE								
WALCHONSERS CO RIVERDOUR	ma MAR 29 1967 Actionles Judge								

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	04151	CERTIFICATE	OF DEATH		04150				
1.	PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (Wh	nere deceosed lived, if institution:	: Residence before odmissian)				
L	FRINZ GEO	0762S MARYLAND	O. STATE None	5 0. 000111	Nove				
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrent town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outsi	ide corporote limits, write RURAL	ond give neorest town)				
1	DISTRICT HG1S	3 MONTHS	WAS	HINGTON .	D.C. 47.3				
	d NAME OF HOSPITAL OR INSTITUTION (If not in he	nospitol, give street oddress) Pire	d. STREET ADDRESS	1	e. IS RESIDENCE ON A FARM?				
1	TEGENT MURSING HOME		3037-	que st.	NW. YES NO				
3.	NAME OF First DECEASED	Middle		4. DATE Month	Day Year				
-	(Type or print)	C, 2	5M001	DEATH MARCH					
2.	6.1 40	MARRIED NEVER MARRIED 8.	B. DATE OF BIRTH	11. 11. 11. 11. 11.	Months Days Hours Min.				
1	77	VIDOWED DIVORCED	20,11,101	9 72 yrs.					
du	o. USUAL OCCUPATION (Give kind of work done pring most of working life, even if refired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & S		12. CITIZEN OF WHAT COUNTRY?				
	3. FATHER'S NAME		14. MOTHER'S MAIDEN NAI						
	UNKNOWN		WWK.	NOUN.	Carlo San Carlo				
	S. WAS DECEASED EVER IN U.S. ARMED FORCES? (es, no, or dinknown) (If yes give wor or dotes of servi		ENORA M.	PENNYPACKE	3039-946 STAN				
	18. CAUSE OF DEATH (Enter only one couse per	r line for (o), (b), ond (c).)	, ,	•	INTERVAL BETWEEN ONSET AND DEATH				
	PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)	tila ENENCE	2 mholis	en	UNDEL AND DEATH				
	464X DUE TO	-10 1 !	111.1	0 11	1,				
	Conditions, if ony, which gove (b)	/ know hopful	Ebites &	foresce heel no	37 hma-				
	stoting the underlying couse DUE 10	To Chand	1:	- 279.0	SEE DO NOT THE				
	last. (c)	-1 Martin	acp c	PINO					
N	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIE	BUTING TO DEATH BUT NOT RELATED TO THE	HE TERMINAL DISEASE CONDI	ITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?				
CATIC	C. H. Fto				YES NO				
L CERTIFICATION		20b. DESCRIBE HOW INJURY OCCURRED. (I	Enter noture of injury in Pol	rt I or Port II of item 18.)					
MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. p.m. 19		CE OF INJURY (Home, farm, ory, street, office bldg., etc.)	20f. (City or town)	(County) (Stote)				
10	21. I certify that (I) (this haspital)	attended the deceased fram/			-1967that (I) (we) last				
	saw the deceased alive on $3-17$ 1967, and that death accurred at 11150M, from causes and an the date stated above.								
	220. SIGNATURE ATTENDING MED. STAFF 22b. DATE SIGNED								
-	-e percel fol	lieral flatelocas and D. PHYS. DIRECTOR LIPHYS. LISTING							
	22c. PHYSICIAN'S L MARK (Type) MARK	H. PILVOR MD	22d. ADDRESS 7505 A	AVON CT, UASA	4. DC 31				
23	30. BURIAL CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR CO	REMATORY AT Z	23d. LOCATION (City or Town)	(County) (Stote)				
2	24. FUNERAL DIRECTOR	ADDRESS	7000	BY REGISTRAR 2Sb. REGIS	STRAR'S SIGNATURE				
16	U.W. CHIMIBERS CO	- WASHINGTON	DAMAR	2 0 1967 1	carles Judge				

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the funeral director, page 3 should be detoched far use as the burial-tronsit permit. Then please remave carbon popers. Pages 1 one 2 should be filed with the State Dept. of Health prior to burial, cremation, or removol, and in any event, within 72 hours ofter death ro Hospital or attending Physician: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

VR A15 (4) 25M 1/67

OCTAGE CHARACTER CONTRACTOR 

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

04152			CERTIFICATE	OF DEATH		0415	1		
1. PLACE OF DEATH a. COUNTY Prince	ce Georges		MARYLAND	2. USUAL RESIDENCE (W o. STATE Maryla	there deceased lived, if institut b. COUR	VTV	fore admission) e Georges		
b. CITY OR TOWN (If a write RURAL and giverdal e	utside carporate limits, ve nearest town)		OTH OF STAY IN 16 Days		side corparate limits, write RUI	RAL and give neon	rest town)		
d. NAME OF HOSPITAL O	OR INSTITUTION (If not			d. STREET ADDRESS 8201 14th			e. IS RESIDENCE ON A FARM? YES NO		
3. NAME OF DECEASED (Type or print)	First		Middle	Last	4. DATE Mont OF DEATH 3	th D	1967		
* 11			DIVORCED DIVORCED	8. DATE OF BIRTH 3-28-67	9. AGE (In years last birthday) yrs.	Months Day			
10a. USUAL OCCUPATION (Gi during mast of warking lite,		10b. KIND OF B INDUSTRY	usiness or none	Prince Geo	& State, or foreign country) orges co., Md.	12. CITIZEN COUNTR			
13. FATHER'S NAME Ronald Thoma	as Southar	d		14. MOTHER'S MAIDEN N	AME ilberte Langis	3			
1S. WAS DECEASED EVER IN (Yes, na, ar unknown) (If	U.S. ARMED FORCES? yes give war or dates af	service) 16. SOCIAL S	ECURITY NO. 17.	RAYMOND LAN	GIS, 5109 Addr.		dD		
PART I. DEATH \	H (Enter anly one cause WAS CAUSED BY: IMMEDIATE CAUSE (a	Mari	ond (c).)	Koly			ONSET AND DEATH		
Canditions, if ony, which gave rise to immediate couse (o), stating the underlying cause last.  DUE TO  (b)  DUE TO  (c)									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)									
OR CONTRIBUTING	20a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)								
20c. TIME OF INJURY Haur o.m. p.m.				CE OF INJURY (Home, farm tary, street, affice bldg., etc.)		(Caunty)	(State)		
saw the dece	21. I certify that (I) (this haspital) attended the deceased fram 3-28, 1967, ta 3-30, 1967, that (I) (we) lass saw the deceased alive an 3-30, 1967, and that death accurred at 310 AM, fram causes and an the date stated above								
22a. SIGNATURE	A-SK-Gurdie M.D. ATENDING DIRECTOR DIRE								
	D.R.PURDIA								
23a. BURIAL, CREMATION,  REMOVAL (Specify)	3-3/-		NAME OF CEMETERY OR ATE OF HEAD	EN		MARYLA	ND.		
24. FUNERAL DIRECTOR	M	1. 1060	ADDRESS	1. PO NEDAP		EGISTRAR'S SIGNA			

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely Mied-in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remaye carban papers. Pages F and 2 shauld be filed with the State Dept. of Health priar to burial, cremation, ar remayal, and in any eyent, within 72 haurs ofter death. O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 20 M 1/66

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## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

0/159

04153		CERTIFICA	ALE OF DEATH	U	TION
1. PLACE OF DEATH 0. COUNTY Prince Geor	ges	MARYLAND	o. STATE	Where deceosed lived, if institution:  b. COUNTY  Prince	Residence before odmission) Georges
b. CITY OR TOWN (If outside write RURAL and give in Cheverly	neorest town)	c. LENGTH OF STAY IN 16 20 days	Hyattsvi	utside corporote limits, write RURAL	16-1
d. NAME OF HOSPITAL OR I	NSTITUTION (If not in hosp		d. STREET ADDRESS 3611 Coop	er Lane	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First Elvia	Middle Renfrow	Lost Stokes	4. DATE Month OF DEATH March	Doy Year 10, 1967
Female W	lor or race 7. mar hite wido	WED DIVORCED	8. DATE OF BIRTH  8/1/09	lost birthdoy) M 57 yrs.	UNDER 1 YEAR   IF UNDER 24 HRS. onths   Doys   Hours   Min.
100. USUAL OCCUPATION (Give leaving fine even		ob. KIND OF BUSINESS OR White Home	Johnston	& Stote, or foreign country) Co., N.C.	12. CITIZEN OF WHAT UCOUSTRYA
	H. Renfrow		14. MOTHER'S MAIDEN Luria Sta		
15. WAS DECEASED EVER IN U.S (Yes, no, or unknown) (If yes	i. ARMED FORCES? give wor or dotes of service)	16. SOCIAL SECURITY NO. 578 42 4306	James David	Stokes Same a	s #2 (husband)
PART I. DEATH WAS	nter only one couse per li CAUSED BY: MMEDIATE CAUSE (o)	COLONARY	Thrombos		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which rise to immediate cous stating the underlying a lost.	gove (b) (b)	INTERIOSCLER	or ic Herri	)ISEASE	5yns
PART II. OTHER SIGNIFICA	NT CONDITIONS CONTRIBU	TING TO DEATH BUT NOT RELATED	TO THE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES 4 NO
200. ACCIDENT WAS UNDER OR CONTRIBUTING CAU:	SE OF DEATH	Db. DESCRIBE HOW INJURY OCCUR	RED. (Enter noture of injury in	Port I or Port II of item 18.)	
20c. TIME OF INJURY Mo Hour a.m. p.m.		20d. INJURY OCCURRED 20e. While Not While of work	PLACE OF INJURY (Hame, form foctory, street, office bldg., etc.		(County) (State)
21. I certify that saw the decease		ttended the deceased fran 2, 19 <u>4</u> Z, and	that death accurred at	1959 to 3/10 195 M, fram causes and	, 1947, that (I) (we) last an the date stated above
220. SIGNATURE	un X	mun	M.D. ATTENDING PHYS.	MEDSTAFFDIRECTORPHYS	22b. DATE SIGNED 67
22c. PHYSICIAN'S NAME (Type)	onman Donat		3503 Perm	y St., Mť. Rainie	
230. BURIAL, CREMATION, BURIAL (Specify)	23b. DATE THEREOF 3/13/67		rch Cemeter		ston N.C.
24. FUNERAL DIRECTOR Francis Gas	ch's Sons	Hyattsville, M	d. 250. REC	BY REGISTAR 1967 Sb. REGIS	Carter Judge

DATE

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely Tilted in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filed with the State Dept. af Health priar to burial, crematian, ar remaval, and in any event, within 12 hours after death. **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs after death Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 25M 1/67

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### MARYLAND STATE DEPARTMENT OF HEALTH

	04154		CERTIFI	CATE OF DEATH		041:	53.
1	PLACE OF DEATH a. COUNTY	~ a a n a a	MARYL	TATE OF STATE	(Where deceased lived, if the transfer of the		
	b. CITY OR TOWN (If autside carpa write RURAL and give nearest t	rate limits, tawn)	c. LENGTH OF STAY IN	1b c. CITY OR TOWN (If	autside carporate limits, wi		
1	d. NAME OF HOSPITAL OR INSTITUT			d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
3	Suitland Nur	oung Home	Suttand	Nd /309 Co-	alridge Rd	. 20031 Month	YES NO Y
L	DECEASED (Type or print) Bessi	e 8	. Jalbert		OF DEATH MA	rch 13	19 67
	sex 6. color or Female White			8. DATE OF BIRTH  Oct 19,1	9. AGE (In your lost with	ears IF UNDER 1 YE day) Months Do yrs.	AR IF UNDER 24 HRS ays Hours Min.
10 du	i. USUAL OCCUPATION (Give kind af wing mast of warking life, even if retir	vark dane 10h K	IND OF BUSINESS OR NOUSTRY OMESTIC	11. BIRTHPLACE (Cou Marylan	nty & State, ar fareign country a.d.	r) 12. CITIZE COUN	N OF WHAT
	FATHER'S NAME Ceorge Judge	0,		14. MOTHER'S MAIDE Lena Schr			
15 (Y	was deceased ever IN U.S. ARMED es, no, ar unknown) (If yes give wor	FORCES? 16.	SOCIAL SECURITY NO.	17. INFORMANT Darnel Jal	bert 7309	Address Coalrid	ge Rd. In
	18. CAUSE OF DEATH (Enter on PART 1. DEATH WAS CAUSED IMMEDIA  LACO  Conditions, if ony, which gave rise to immediate cause (a), stating the underlying couse (ast.	D BY: ATE CAUSE (o)	(a), (b), and (c).)	ludice /	+ Failu		INTERVAL BETWEEN ONSET AND DEATH
NOIL	PART II. OTHER SIGNIFICANT CON		TO DEATH BUT NOT RELAT	ED TO THE TERMINAL DISEASE	CONDITION GIVEN IN PART	(a)	19. WAS AUTOPSY PERFORMED? YES NO
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING DOR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMI	EATH	ESCRIBE HOW INJURY OCC	URRED. (Enter nature of injury	in Part I ar Part II af item	18.)	
MEDICAL	20c. TIME OF INJURY Month, Da Haur a.m. p.m.	19 While	Nat While at wark	Oe. PLACE OF INJURY (Home, f factory, street, affice bldg., e	tc.)		
	21. I certify that (I) ( saw the deceased aliv	this haspital) atten	ded the deceased f	ram nd that death accurred	, 19 <i>66</i> , ta 3/13 at <i>10:15P</i> M , fram ca	0/07, 19 uses and an the	, that (I) (we) lo
	220. SIGNATURE	00	4	M.D. PHYS.	MED. STAFI	22b. DATE	SIGNED 196
	Y.N. 1	reviell	eur				
	22. DHYSTIAN'S	J.H. Thib	adeau	22d. ADDRESS	Glabama Gr	ve., S.E	. Wash.D

VR A15 (4) 20 M 1/66

23a. BURIAL, CREMATION, BEMOVAL (Specify) Burial 24. FUNERAL DIRECTOR Simmons Bros.

ADDRESS 250. REC'D BY REGISTRAR SE MAR 1 5 1967 Funeral Home 1661-Gd. Hope Rd.

Suitland, Maryland
REGISTRAR 25b. REGISTRAR'S SIGNATURE
5 1967 Kolonley Judge

( - 5  The law requires that the deoth certificate be executed within 24 hours after death funeral Pages ⇟ the papers. Page hin 72 hours c 2 within 72 filled remove corbon completely event, S SEX Male in any physician ( en please and removal, 5 No crematian, signed by the burial-transit p burial, crematic peen the last. priart 0.5 has ATTENDING PHYSICIAN: certificate hospital detached TO FUNERAL DIRECTOR: After retained director, page 3 shauld be filed v pe O HOSPITAL

> VR A15 (4) 25M 1/67

04155 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) PLACE OF DEATH o. COUNTY o. STATE b. COUNTY Prince Georges MARYLAND b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 1h c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Washington Glenn Dale (rural) 4 mos 17 days d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 1326 Talbert St., S.E. Glenn Dale Hospital YES NO K NAME OF 4. DATE Middle Last Month Year DECEASED 19 67 11 Tarlton March Lerov (Type or print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS. DATE OF BIRTH 9. AGE (In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthday) Months Days Hours Negro 5/16/1910 WIDOWED T DIVORCED 10o. USUAL OCCUPATION (Give kind of wark done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Washington, D.C.

14. MOTHER'S MAIDEN NAME USA Maintenance Man 13 FATHER'S NAME Louise Sims Joe Tarlton 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, na, or unknown) (If yes give wor ar dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address 578-24-8964 Decedent 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c).)
PART 1. DEATH WAS CAUSED BY:

Bronchogenic INTERVAL BETWEEN S CAUSED BY: Bronchogenic carcinoma, right lung, with general-4 MO . DEATH DUF To ized metastases Conditions, if ony, which gove rise to immediate cause (a). DUE TO stoting the underlying couse WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) Bronchial biopsies 11/4/66 and 11/14/66 YES A NO 20o. ACCIDENT WAS UNDERLYING [7] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.) OR CONTRIBUTING [7] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (Caunty) (Stote) Hour o.m. foctory, street, office bldg., etc.) Nat While at work ot work 19 66 to 3/11 1967 , that (we) lost 21. I certify that (this hospital) attended the deceased from. 10/25 ond that death occurred at6:25PM, from couses and on the date stated above. 19 67 saw the deceased alive on\_ 22b. DATE SIGNED 22a. SIGNATURE ATTENDING 3/11/67 M D PHYS 22d. ADDRESS Glenn Dale Hospital 22c PHYSICIAN'S Moe, Weiss, M.D. NAME (Type) Glenn Dale, Maryland 230 BURIAL OREMATION 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY, OR CREMATORY (Stote) REMOVAL (Specify) URIA 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR

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### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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FOR STAT	E_		04190		MED	ICAL EXAMINER'S	CERTIFICATE	OF DEATH U4	1155
HEALTH DE	RT.	1. P	LACE OF DEATH					(Where deceased lived, if institution: Re	esidence befare admission)
2, and 3 to PM3. Page	$\{V_{I}\}$	0	. COUNTY	ce George	S	MARYLAND	a. STATE Maryland	b. COUNTY Prince	George's
delay and 3 A3. Pag		b	CITY OR TOWN (If or	outside cornorate limits	b/	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If	autside corparate limits, write RURAL an	d give neorest town)
an an M3.			write RURAL ond gir			DOA	Capitol	Heights	16-1
(2, 2, 1)	2	C	. NAME OF HOSPITAL (	OR INSTITUTION (If not	in haspital, g	ive street address)	d. STREET ADDRESS		e IS RESIDENCE ON A FARM?
It is I	99	P	rince Geor	rge Genera	Hosn	ital	6210 Shad	lyside Avenue	YES NO X
deoth. e Pages with fo		3. N	IAME OF	Firs		Middle	Lost	4. DATE Month	Doy Year
hin 24 hours offer deoth. If any delay not in Item 18. Give Pages 1, 2, and 3 nigers Office along with form PM3. Provent noted with the State Department	<u></u>	(	Type or print)	Horac		Stanley	Taylor	OF DEATH 3	8 1967
ofter 8. Give along		S. S	EX 6.	. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH		INDER I YEAR IF UNDER 24 HRS. nths Days Hours Min.
18.0 e d	oth.	ma	le v	white	WIDOWED	DIVORCED	9-1-1901	65 yrs.	
hours Item 1 Office	houxs after deoth.	10a.	USUAL OCCUPATION (G	Give kind of work done	10b. KI	ND OF BUSINESS OR DUSTRY	11. BIRTHPLACE (Stat	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	12 CITIZEN OF WHAT COUNTRY?
F. in F.	Te Te		Retired	, even in remed)		DOJIKI		aite, Kansas	COUNTRY? U.S.A.
E ig ig.	25	13.	FATHER'S NAME				14. MOTHER'S MAIDEN		
within pencil xamine	hoop			Unkno				nknown	
ed v	72	IS. (Yes	WAS DECEASED EVER IN . no. or unknown) I(If	N U.S. ARMED FORCES?  ves give wor or dotes of	service) 16.	2 22 1/100	INFORMANT	Address	"-
ing.	Ę	1	100 1	H (Enter only one cous	17	17-17-1162 I	nez W. Ta	aylor Same as	#2
INER: This certificate should be executed within 24 e certificate, writing the word "pending" in pencil in should be forwarded to the Chief Medical Examp <del>aer's files.</del>	event within 72		18. CAUSE OF DEATH						ONSET AND DEATH
be "p	vent		4200	IMMEDIATE CAUSE (	o) Hear	t failure			minutes DEATH
vord vord	- In			DUE 1		eriosclerotic	heart disea	se	unknown
sho be v	in ony		Conditions, if ony, wi	ause (a)	b)				
ote g th	.=		stoting the underlyi						
ertificate should writing the word warded to the Ch	ond ,				()	TO DEATH BUT NOT RELATED TO	THE TERMINIAL DISEASE (	ONDITION CIVEN IN PART 1(a)	19. WAS AUTOPSY
This certificate should cate, writing the word be forwarded to the Cl	or removal, o	NO	PART II. OTHER SIGNI	IFICANT CONDITIONS CO	MIKIBUTING	TO DEATH BUT NOT KELATED TO	THE TERMINAL DISEASE C	ONDITION OFFER IN TAKE 1(0)	PERFORMED?
certificate, ould be fores.	e m	CERTIFICATION	20o. EXTERNAL CAUSI	F WAS	20h DE	SCRIBE HOW INJURY OCCURRED.	(Enter noture of injury i	n Port Lor Port II of item 18 )	113 110 110 1
	00.70	ERTI	PRIMARY Or CONTR		200. 00	SCRIBE HOW INSORT OCCURRED.	Cities notore of injury i	in ron ron ron in or non ro.,	
MEDICAL EXAMINER: The please execute the certifice director. Page 4 should by estained for your files.	buriol, cremotion,	R	20c. TIME OF INJURY	/ Month Day Year	20d. II	NJURY OCCURRED 20e. PLA	ACE OF INJURY (Home, fo	rm. 20f. (City or town)	(County) (Stote)
	noti	MEDICAL	Hour o.m.	19	While	Not While for	tory, street, office bldg., et	(c.)	, ,,
EXA unte age	e la		p.m.		of work		old an Autoney	, Inspection 🔀 , Inquiry	and in my aninia
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MEDIA please director retained	5		ACTUAL SIGNATURE	Asta	19	· M		EDICAL EXAMINER	22. DATE SIGNED
TY, I'Y, I be r	prior to			Alle	111		D.C.DULTM. AACD.	ICAL EXAMINER 💂	
necessary, please execute the funeral director. Page 4 5 may be retained for your principle.	Health		NAME (Type) Joh	n Kehoe, M	.D.	Riverdale, Md.	Address (Stre	eet, city, town, or county)	3-8-67
o o o o o o o o o o o o o o o o o o o	Hea	230	BURIAL, CREMATION, REMOVAL (Specify)	. Z30. DATE ITE	REOF 1067	23c. NAME OF CEMETERY OR Cedar Hi	CREMATORY	Suitland,	(County) (Stote)
1		14	Lica: D. X						
VR A15ME	E (5)()	24	TRECTOR TRECTOR	almath	orl	131 11th St	S E MAD	1 0 10C7 Pelas	AR'S SIGNATURE
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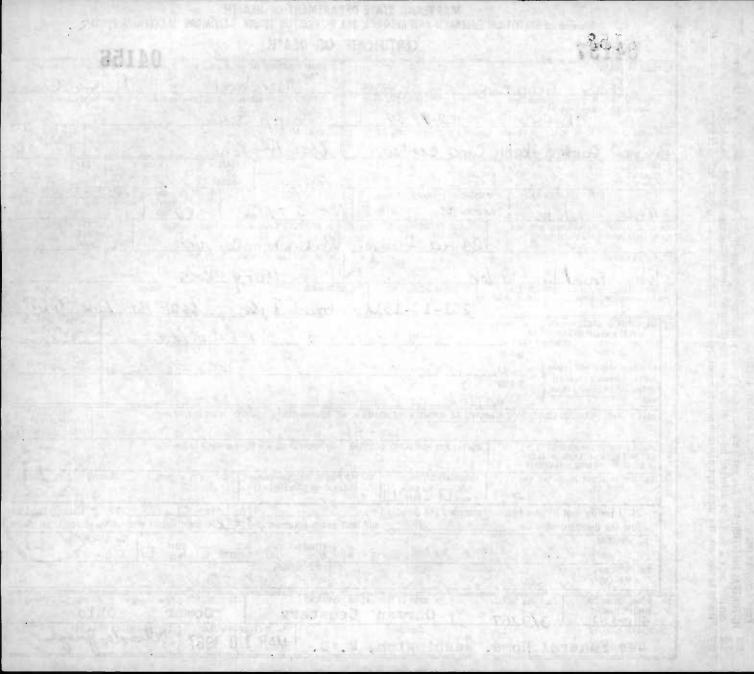
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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	04157	CERTIFICATE	OF DEATH	0/1	EC
	PLACE OF DEATH		2. USUAL RESIDENCE (Whe		esidence before admission)
	a county Prince George Co.	MARYLAND	a. STATE Mary	and. b. county	Prince George
	b. CITY OR TOWN (If outside corporate limits,	c. LENGTH OF STAY IN 1b		e carparate limits, write RURAL or	nd give nearest tawn)
	write RURAL and give nearest town)	2-17-67	dama s	Parinas	.16-1
	d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital,	give street address)	d. STREET ADDRESS	pring.	e. IS RESIDENCE ON A FARM?
D	Ineview Gardens Health Can	e center	6621 Pots 6	ane	YES NO
3.	NAME OF First	Middle	Last 4	DATE Manth	Day Year
	OFCEASED (Type or print) WALTER	e 0 -	TAYLOR	OF DEATH MARC	
5.	SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH		JNDER I YEAR   IF UNDER 24 ARS.  nths   Days   Haurs   Min.
	Make White WIDOWED	DIVORCED	11-3-1886	80 yrs.	mins Days Indois Min.
	o. USUAL OCCUPATION (Give kind of wark dane 10b. K	IND OF BUSINESS OR	11. BIRTHPLACE (County & St	ate, ar fareign cauntry)	12. CITIZEN OF WHAT COUNTRY?
dui	ring most of working life, even if retired)	NOUSTRY farmeren	Rockingham	Co. Va.	U.S.A.
13	. FATHER'S NAME		14. MOTHER'S MAIDEN NAM		
	Wm. Franklin Taylor		Mar	v Ross	
	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. I	NFORMANT	Address	Camp
()	es, no, or unknown) (If yes give wor or dates af service)	81-18-1514 A	rthur Taylor	6621 Pots	Lone Springs
F	IB. CAUSE OF DEATH (Enter only one cause per line for			11	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	V no Cuk	en co	Clupse	ONSET AND DEATH
	4200 DUE TO		2	1	1/2
	Conditions, if any, which gave is to immediate cause (0),	Ellusock	end le	east are	en onn
	stating the underlying cause DUE TO	1. 1/4			
	last. (c)	mulel	4		
Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDIT	ION GIVEN IN PART I(a)	19. WAS AUTOPSY PERFORMED?
CERTIFICATION					YES NO
E	20a. ACCIDENT WAS UNDERLYING ☐ 20b. D OR CONTRIBUTING ☐ CAUSE OF DEATH	ESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Parl	I or Part II of item 1B.)	
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. Haur a.m. While	a Nat While   fact	CE OF INJURY (Hame, farm, ory, street, office bldg., etc.)	20f. (City or town)	(County) (State)
W	p.m. at wa	rk 🔲 at work 🔲 —	7		
	21. I certify that (1) (this hospitol) atter	ided the deceased fram_	198	27 to 3 - 6	, 1967 that (1) (we) las
	saw the deceased alive on 3-	(2) 196 and tha	t'deoth occurred of 3.		an the date stated abave
	22a. SIGNATURE	Xahen !!	D. PHYS. ME	D. STAFF	3/6/67
	22c. PHYSICIAN'S	rugum M.	D. PHYS. DIF	RECTOR LI PHYS. LI	0/6/6/
	NAME (Type) AT COLON	PLAPIN	un Cicin	TON MI	
22	Id. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR	CREMATORY I	23d. LOCATION (City or Town)	(County) (State)
	REMOVAL (Specify)		emetery	Gomer	Ohio
2	Burial 3/9/67	ADDRESS	250. REC'D BY		RAR'S SIGNATURE
1	Lee Funeral Home. Wa		LAZAD 1		res judge.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please carbon papers. Pages 1 and 2 shauld be filed with the State Dept. at Health priar to burial, crematian, ar remaval, and in any event, within 72 haurs after death. Page 4 may be retained by the haspital or attending physician. VR A15 (4) 20 M 1/66

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death



death.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remoye carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours Page 4 may be retained by the hospital or attending physician.

VR A A.15 1/65

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

04157 04158

1. PLACE DF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE b. COUNTY
Pr. Geo. MARYLANO	Maryland Pr. Geo. /6./
b. CITY OR TDWN (if outside corporate limits, write RURAL and give nearest town)  c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Cheverly 3 days	5506Old Branch Ave., Camp Springs
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?
Prince George General Hospital	5506-01d Branch Ave., SE YES NO EX
3. NAME DF First Middle DECEASED (Type or print) WILLIAM A.	TAYLOR Sr. DATE Month Day Year DF Mar. 28th 1967
5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   1	8. DATE OF BIRTH   9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Last birthday)   Months   Oays   Hours   Min.
Male White WIDOWEO DIVORCED	July 15-1904   02 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Retired Meat Cutter Briggs Meat Co.	Virginia
13. FATHER'S NAME	14. MOTHER'S MAIOEN NAME
Julian H. Taylor	Lillie Mae Jenkins
15. WAS OECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (If yes give war or dates of service)	INFDRMANT Address
No 579 01 9057 Do:	ris G. Taylor (Wife) Same as Item # 2
18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
PART I. OEATH WAS CAUSEO BY: IMMEDIATE CAUSE (a) Broncho pro	um oria Onset and Death
3 56/	
Conditions, If any, which ) OUE TO Anyerro DIC LA	ATERAL SCLEROSIS SYRS
gave rise to Immediate	
underlying source lest	
	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)   19. WAS AUTOPSY
CAT	PERFORMED?
20a, ACCIDENT WAS UNDERLYING TI   20b. DESCRIBE HOW INJURY OCCU	IRREO. (Enter nature of injury in Part I or Part II of Item 18.)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA  20a. ACCIDENT WAS UNDERLYING 1 20b. OESCRIBE HOW INJURY OCCU OR CONTRIBUTING 1 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
20c. TIME OF INJURY Month, Oay, Year   20d. INJURY OCCURRED   20e. PLA	CE OF INJURY (Home, farm,   20f. (City or town) (County) (State)
While   Not while	ry, street, office bldg., etc.)
	3/24 1967 to 3/28, 1967, that (1) (we) last
21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on 3/2 5 1962, and that	t death occurred at 1021M, from the causes and on the date stated above.
22a. SIGNATURE	1 death occurred at 2 21 Mi, from the causes and on the date stated above.
Mummy ( Vimeare M.	ATTENOING MED. STAFF Mar. 28-1967
22c. PHYSICIAN'S	22d. AOORESS
NAME (Type) Dr. Norman D. Comeau	3503-Perry St., Mt. Rainier, Md.
23a. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY	
REMOVAL (Specify) Mar. 31-67 Cedar Hill (	Cemetery Suitland, Maryland
24 UNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR   25b. REGISTRAR'S SIGNATURE
Simmons Bros. 1661-Good Hope Rd SE Wash	DC DAMAR 29 1967 fcliantes Judge
	MU I MAIL

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Mary Cont., Marie Land. A service of the same of the s

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

0415	9		CERTI	IFICATE	OF DEATH			041	58		
a. COUNTY F	H Prince Georg	es	MA	ARYLAND	2. USUAL RESIDENCE o. STATE Man	(Where deced	sed lived, if institut b. COUI	ian: Residence	e befare Geo	admissian) orges	
b. CITY OR TOW	N (If autside carporate lim and give nearest town)	nits,	c. LENGTH OF STAY	Y IN 1b	c. CITY OR TOWN (If	autside carpor					
WITTE KUKAL	Cheverly		4 hr		Co.	llege F	ark		16	5-1	
d. NAME OF HO	SPITAL OR INSTITUTION (IF				d. STREET ADDRESS	)5 Detr	oit Ave.			ON A FARI	VI?_
3. NAME OF		First	Middle		Last	4. DATE	Man	th	Day	Year	
(Type or print)		Baby	Girl		Thomas	OF DEATH	12	March	1 1	2 187	
S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARR	IEO B.	DATE OF BIRTH		9. AGE (In years	IF UNDER 1	YEAR	IF UNDER 2	4 HR
emale	Negro	WIDOWED	DIVOR	CED 🔲	12 March I	1967	last birthday) yrs.	Months	Oays	Hours	mın.
10a. USUAL OCCUPA	TION (Give kind of work dar king life, even if retired)		ND OF BUSINESS OR DUSTRY		11. BIRTHPLACE (Cour		areign country)	COL	IZEN OF UNTRY?		
13. FATHER'S NAM					Mary lar	nd		U	SA		_
Conditions, if rise to imme stating the ulast.	any, which gave	JE TO (c)	Dilalua DrEcuali	unly	Clevelaus  (120)  HE TERMINAL DISEASE	(grus)	EN IN PART 1(a)			ET AND DEA	
ATION									YE	S EXE NO	į [
OR CONTRIBU	WAS UNDERLYING  TING CAUSE OF DEATH TIFY MEDICAL EXAMINER)	20b. DE	SCRIBE HOW INJURY	OCCURRED. (I	nter nature of injury	in Part I ar Pa	rt II of item 1B.)			41.7	
E Havi	INJURY Manth, Day, Year a.m. p.m. 1	9 While	NJURY OCCURRED Not While at work	facta	OF INJURY (Home, for ry, street, office bldg., e	etc.)	(City or tawn)		unty)		ote)
21. 1 c saw th	ertify that (%) (this he deceased alive an	aspital) attend	ded the decease	ed fram <u>M</u> , and that	death accurred	, 19 <b>67</b> at <b>7,1</b> 5A	to March M, from couses	and an th	ne date	stated	e) l aba
22o. SIGNAT	Judres	NG	Cron	felio		MED. DIRECTOR	STAFF PHYS.	-	ch 1	D 4, 19	6°
	ype Andrew G.	Aronfy,	M.D.	1/	22d. ADDRESS Prince G		General		tal,		
230. BURIAL, CREM REMOVAL (So Cremata	ecify) 3/25		23c. NAME OF CE				OCATION (City or To	F		Marvl	,
Cremata 24. FUNERAL DR Hacro	ECTOR (1)	Fran	AODRESS		s Gen Hos 250. Ri	EC'D BY REGIST	RAR 2Sb. R	EGISTRAR'S SI	GNATUR	E	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and carribletely tilled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remaye certain papers. Pages 1 and shauld be filed with the State Dept. at Health priar ta burial, crematian, ar removal, and in any event, within 72 haurs after death TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 20 M 1/66

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## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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rtment of O DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 haurs after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 shauld be forwarded to the Chief Medical Examiner's Office along with form PM3. Page

permit. File pages 1 and 2 with the State Depar	within 72 hours after deoth.	99
as a burial-transit	and in ony event	
ur files. Je 3 should be used	cremotion, or removol, and in ony event withi	d
5 may be retained for you TO FUNERAL DIRECTOR: Pag	Health prior to burial, cr	2

TO DEPUTY

VR A15ME (5) 6M 1/67

04160		MEDICAL EXAMINER'S	CERTIFICATE O	OF DEATH	04159
1. PLACE OF DEATH				Where deceased lived, if institution:	Residence befare admission)
a. COUNTY		***************************************	a. STATE	b. COUNTY	
	nce George's	MARYLAND	Maryland	Princ	e George's
	If autside corporote limits, d give neorest town)	c. LENGTH OF STAY IN 1b		utside carporate limits, write RURAL	and give nearest tawn)
Chever.		DOA	Bladensbu	urg	16-1
d. NAME OF HOSPIT	AL OR INSTITUTION (If not in h	aspital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
Prince (	George General			St., Apt. 101	YES NO X
3. NAME OF	First	Middle	Last	4. DATE Manth	Day Year
(Type or print)	Earnest	Joseph	Thomas	OF DEATH 3	2 19 67
			B. DATE OF BIRTH		UNDER 1 YEAR 1 IF UNDER 24 HRS.
S. SEX	6. COLOR OR RACE 7. N	MARRIED NEVER MARRIED	B. DAIL OF BIKIN		onths Days Hours Min.
Male	MITTOG	IDOWED DIVORCED	9-24-1904	62 yrs.	
	N (Give kind af wark dane	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State		12. CITIZEN OF WHAT
during mast af warking	life, even if refired)	College	Wash	ington D C	U COUNTRY?
Guard		0011050			
13. FATHER'S NAME	illiam G. Tho	mas	14. MOTHER'S MAIDEN Resin		
IC WAS DECEASED EVI	ER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.	INFORMANT.	Address	
(Yes, na, ar unknown)	(If yes give war ar dates af serv	ice) 579 12 2407 Mai	informant Thomas	Bladensburg,	Md.
no		070 12 2400			
IR CALISE OF D	EATH (Enter only ane cause per	r line far (a) (b) and (c))			INTERVAL BETWEEN
	THE MIAC CALICED DV				ONSET AND DEATH
4200	IMMEDIATE CAUSE (a)	Heart failure			
4000	DUE TO	Arteriosclerotic	heart disea	se	unknown
Conditions, if ony	, which gave ) (b)				
rise ta immedia	te (duse (d)				
stating the unde					
last.	) (c)				
DADT II OTHER C	ICNIEICANT CONDITIONS CONTRI	BUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE (O	NDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY
S FAKT II. VIIIEK 3	IGNITICANT CONDITIONS CONTAI	DOTING TO DEATH DOT NOT KEEKIED TO	THE TERRITORE DISERSE CO	NETTON CITEM IN THE INCOME	PERFORMED?
Pul	monary emphysi	ema - over 10 year	°S.		YES NO
Pul 20a. EXTERNAL C. PRIMARY 🗆 ar CC CAUSE OF DEATH. 20c. TIME OF INJ Hour a.	AUSE WAS	20b. DESCRIBE HOW INJURY OCCURRED	(Enter nature of injury in	Part 1 ar Part II af item 18.)	
PRIMARY ar CC	NTRIBUTING 🗆		,		
CAUSE OF DEATH.					
20c. TIME OF INJ	URY Month, Day, Year		ACE OF INJURY (Hame, farr		(Caunty) (State)
된 Haur a.	10		ctary, street, affice bldg., etc.	.)	
р.	111.	at wark L at wark L			
21. I certif	fy that I took charge of	the remoins described obove, h	eld on Autopsy	Inspection x, Inquiry	🗶 , ond in my opinio
	ted from: Morural co		icide , Homicide		ner 🗍
dealii iesui	red from.	ses K, Accident L, 50		<u> </u>	
ACTUAL	// // A/	1	CHIEF MEDICAL	L EXAMINER	22 DATE SIGNED
SIGNATURE	12h	erv	M.D. ASSISTANT MEI	DICAL EXAMINER 🛄	22. OATE SIGNED
	11			AL EXAMINER	
EXAMINER'S	Am Vakan M T	Disconda la Ma		et, city, tawn, ar caunty)	3-2-67
	øhn Kehoe, M.I	D. Riverdale, Md			7
23a. BURIAL CREMAT	ON, 23b. DATE THEREOF			23d. LOCATION (City ar Tawn)	
REMOVAL SOCIE	March 6.	1967 Prospect Hi	11 Cemetery	Washington D	i. U.
24. FUNERAL DIRECT		ADDRESS			TRAR'S SIGNATURE
	Gasch's Sons.	Hyattsville, Md			
Γ •	uasch's bolls.	myacosville, no	DATE	MAR 6 1967 🔏	Charles Judge-

In a second logs on i. Many and No. 18 The stime of the first - DESTINA 45 gran torus HOSPING C. CHARGON the property and the same · predata w. suve - us distributed and an all and a superior and a Potent Raison H. L. S. E. T. verthin, Pol.

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# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

0416	1		CERTIFI	CATE	OF DEATH			041	60
o. COUNTY	Prince Geor	ges	MARYL	AND	2. USUAL RESIDENCE G. STATE  D.		ved, if instituti b. COUN		pefore odmissjón)
b. CITY OR TOWN	(If outside corporate limit	ts,	c. LENGTH OF STAY IN	1b	c. CITY OR TOWN (If	outside corporate li	mits, write RUR	AL ond give no	eorest town)
Glenn	nd give neorest town) Dale (rural	)	1 yr.,4 mo	8.	Washing	ton		47-	3
	TAL OR INSTITUTION (If n		, give street oddress)		d. STREET ADDRESS  1510 P	St., N.	w.		e. IS RESIDENCE ON A FARM? YES NO
NAME OF DECEASED (Type or print)	The second secon	nie	Middle		Last Thomas	4. DATE OF DEATH	Month	h 8	Doy Year 19 <b>67</b>
S. SEX	6. COLOR OR RACE	7. MARRIED WIDOWED			DATE OF BIRTH 9/7/1900		GE (In years st birthday)  6 yrs.	Manths Do	AR IF UNDER 24 HP
Oo. USUAL OCCUPATION  during most of workin  Housewi			KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (Count	y & Stote, or foreign		12. CITIZE COUN	
13. FATHER'S NAME	Webster				14. MOTHER'S MAIDEN				
15. WAS DECEASED EV (Yes, na, or unknown)	/ER IN U.S. ARMED FORCES? (If yes give wor or dotes	of service)	. SOCIAL SECURITY NO.		NFORMANT Decedent		Addre	SS	
Conditions, if on rise to immedia stoting the und lost.	ote couse (o), erlying couse	TO (b) TO (c) CO	t of liver	e t i	TE TERMENT SISEASE	ADITION GIVEN IN	with	practi	19. WAS AUTOPSY PERFORMED?
20o. ACCIDENT W. OR CONTRIBUTING	Lized arteri AS UNDERLYING □ G □ CAUSE OF DEATH Y MEDICAL EXAMINER)		rosis; rheum				of item 18.)		YES 🔼 NO [
Hour o	JURY Month, Doy, Year .m. 19	-			E OF INJURY (Home, fai ry, street, office bldg., et		ty or town)	(County	(Stote)
	ify that (X) (this has deceased alive an_	pital) atter	nded the deceased f	rom nd that	11/3/ death occurred a	19 <u>65</u> , to	3/8/ am causes d	, 19 <u>_<b>67</b></u> and an the	, that (#) (we) I date stated abo
220. SIGNATURE	ano	Coler		M.D	******	MED. DIRECTOR	STAFF PHYS.		SIGNED 8/67
22c. PHYSICIAN NAME (Typ		s, M.	D.			Glenn Da Glenn Da			
23d BURIAL CREMAT REMOVAL (Specif	10N, 23b. DATE TH	EREOF 7	23c. NAME OF CEMET	ERY OR C	REMATORY	23d. LOCATI	ON (City or Tov	(C)	unty) (State)
24. FUNERAL DIRECT	OR L	+	ADDRESS H		250. REC	R 1 7 196	4.4	GISTRAR'S SIGN	ATURE

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral director, page 3 should be detached far use as the burial-tronsit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremotion, or removal, and in any event, within 72 hours ofter death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Poge 4 may be retained by the hospital or ottending physicion.

VR A15 (4)

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R STATE	04162  DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND STREET, BALTIMORE, BALTIMORE, MARYLAND STREET, BALTIMORE,	0/161
LTH DEPAR	1. PLACE OF DEATH o. COUNTY  Prince George's  MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b  2. USUAL RESIDENCE (Where deceosed lived, it o. STATE  Maryland c. CITY OR TOWN (If outside corporate limits, v.	b. COUNTY Prince George's
PM3.	write RURAL and give nearest town)  Cheverly  d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  d. STREET ADDRESS	e IS RESIDENCE
th the state Deg	Prince George General Hospital Rt.1, Box 167	ON A FARM? YES NO
used as a buriol-tronsit permit. File pages lond 2 with the standard, and in any event within 72 haurs after death.	3. NAME OF First Middle Lost 4. DATE OF OF (Type or print) Shirley Diane Thomas DEATH	Month Doy Year 3 25 19 67
3	S. SEX  6. COLOR OR RACE  7. MARRIED  NEVER MARRIED  8. DATE OF BIRTH  9. AGE (In lost birth  Female  Negro  Negro  Negro  NOV. 1966	hdoy) Months Doys Hours Min.
s lond 2 fter death	10b. KIND OF BUSINESS OR INDUSTRY  10b. KIND OF BUSINESS OR INDUSTRY  11. BIRTHPLACE (Stote or foreign country)  Cheverly, Pr. Geo	12. CITIZEN OF WHAT COUNTRY?
e pages	13. FATHER'S NAME Albert Leroy Johnson Bernice G. Thoma	35
	Albert Leroy Johnson  15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service)  16. SOCIAL SECURITY NO.  17. INFORMANT  Bernice Thomas - Rt. 1-Box	Address Brandywine 161 muruland
buriol-tronsit pe any event wit	18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Undetermined	NTERVAL BETWEEN ONSET AND DEATH
any ev	Conditions, if ony, which gove )  (b)  SDII	
	rise to immediate couse (a), stating the underlying couse (c) (c)	
1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	19. WAS AUTOPSY PERFORMED? YES X NO
	200. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH.	n 18.)
4	20c. TIME OF INJURY Month, Doy, Year Haur a.m. p.m. 19	town) (County) (Stote)
	21. I certify that I taak charge of the remains described above, held an Autapsy , Inspection , death resulted from: Matural causes . Accident , Suicide , Hamicide Undetermine	
2	ACTUAL SIGNATURE  M.D. ASSISTANT MEDICAL EXAMINER   M.D. M.D. ASSISTANT MEDICAL EXAMINER   M.D. M.D. M.D. M.D. M.D. M.D. M.D. M.	22. DATE SIGNE
2	EXAMINER'S NAME (Type) John Kehoe, M.D. Riverdale, Md. DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county)	3-26-67
	230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (CI	1 11 mi
	24. EINERAL DIRECTOR  Martine Adams aguases, Md. DAPR 6 1967	25b. REGISTRAR'S SIGNATURE

Items 18&21 Film 389 6-19MARYLAND STATE DEPARTMENT OF HEALTH

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### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

LOR STATE HEALTH DEAT. 04163

TO DEPUTY MEJICAL EXAMINER: This certificate shauld be executed within 24 hours after death. If way delay is necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with farm PM3. Page TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the Health priar ta burial, cremation, ar remaval, and in any event within 72 haurs after death. 5 may be retained far yaur files.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

04162

_										
	PLACE OF DEATH o. COUNTY				2. <b>USU</b> . o. S		Where deceosed lived	l, if institution: Res b. COUNTY	idence before od	lmission)
		nce George	S	MARYL		rvland			George	15
	b. CITY OR TOWN (If	outside corporate limits		c. LENGTH OF STAY IN	1b c. CITY	OR TOWN (11 or	utside corporate limit	s, write RURAL ond	give nearest to	wn)
	Chever	give neorest town)		DOA	Bo	wie			1/0-1	
_	d. NAME OF HOSPITA	L OR INSTITUTION (If no	t in hospital, a			ET ADDRESS			e. 1S	RESIDENCE
					7.0	(A) V27	hamma To		YES	N A FARM?
_		George Ger					bourne La			
	NAME OF DECEASED	Fire	51	Middle		Lost	4. DATE OF	Manth	Day	Year
_	(Type or print)	Edward		D.	Thomp		DEATH	3	7	1967
	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE (	IF BIRTH	9. AGE (	in years IF UN pirthday) Mont		UNDER 24 HRS.
n	nale	white	WIDOWED	DIVORCED	□ 28 Ma	rch 191		yrs.	'	
Эc	. USUAL OCCUPATION	(Give kind of work done		D OF BUSINESS OR			or foreign country)	12	COLUMN OF WH	HAT
Uľ	Salosma	ite, even it retired)	Lee	Fencing	Co. V	irgini	8		U.S.A.	
_	FATHER'S NAME					THER'S MAIDEN				
	Ernes	t R. Thom	nson		Т	ola C.	Connor			
5		R IN U.S. ARMED FORCES?		OCIAL SECURITY NO.	17. INFORMA		3011101	Address		
Ϋ́	es, no, or unknown)	(If yes give wor or dotes o	f service)	COME SECONIII IIV.			(Th			
	No	-			Mrs.D	orothy	Thomps			ress)
	1B. CAUSE OF DE	ATH (Enter only one cou: H WAS CAUSED BY:	se per line for	(o), (b), ond (c).)			()	Wife)		AL BETWEEN
	PART I. DEAT	, IMMEDIATE CAUSE I	(o) Hear	t failure					minu	AND DEATH
	420	DUE	10 Arte	riosclerot	ic heard	diseas	se		unkno	own
	Conditions, if any,		(b)							
	rise to immediate stating the under		TO							
	last.		(c)							
	_	SNIFICANT CONDITIONS CO		O DEATH BUT NOT RELA	TED TO THE TERM	NAL DISEASE CO	NDITION GIVEN IN PA	ART 1(o)	19. WA	S AUTOPSY
CEKTIFICATION	TAXI II. OHIEK SIC	A CHILINAL CONDITIONS	OH MIDOTINO I	O DESTRICT NOT KEEP	TO THE TERM	Distrist Co			PER	REFORMED?
5	20- EVIEDNAL CAL	ICT WAC	001 57	COURT HOW WHILE CO	THORED /F		D-41 D + H / 1	4 1D.)	YES	NO X
	PRIMARY Or CON		20b. DES	SCRIBE HOW INJURY OC	.UKKED. (Enter na	ure of injury in	Part I or Part II at i	tem IB.)		
	CAUSE OF DEATH.									
MEDICAL		RY Month, Day, Yeor			20e. PLACE OF INJ			or town)	(County)	(Stote)
MILE	Hour o.m	10	While of work	Not While of work	toctory, street	, office bldg., etc.	.)			
		that I took charge			ove held on A	utonsy 🗍	Inspection x	, Inquiry	]. and in	my opinion
	deoth result	0	l couses X	A	Suicide	. Homicide		mined manner		ту оршион
	deoin result	eu Holli: Nolulo	II conses 1x	J, ACCIONI L.	201CIDE [	,		inineu inuilliei		
	ACTUAL	//	///	1/1/		CHIEF MEDICAL			22.	DATE SIGNED
	SIGNATURE	LAV	1/2/	160	M.D.		DICAL EXAMINER			
	EXAMINER'S	ha VX	D.	Director	Ma	DEPUTY MEDIC			2 0	7-67
_		hn Kenpe, M		Riverdale,			t, city, town, or coun			
3	<ol> <li>BURIAL, CREMATIO REMOVAL (Specify)</li> </ol>	N, 236. DATE THE	REOF	23c. NAME OF CEME	ERY OR CREMATO	RY	Front	(City or Town)	(County)	(State)
	VEILLO FOT Johoci PA	97// 3/9/	CH	Dag a and a a	- 773 7 7	C .				
	Durl	all / 0/3/	0.7	Prospec		cem.	大汉市自由	Royal.	Va.	
2	4. FUNERAL DIRECTOR Home I	AH / 0/ 3/	Fune	ral address N Marylar	It.Rain	1 des, rec'	D BY REGISTRAR	2Sb REGISTRA	V A R'S SIGNATURE	

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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	05728			CERTIFICATI	OF DEATH			0573	28
0	LACE OF DEATH O. COUNTY			MARYLAND	2. USUAL RESIDENCE ( o. STATE		b. COUNT	Υ	
b	o. CITY OR TOWN ( write RURAL on	Prince Geor If outside corporate limit d give nearest town)	ge's	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	utside corporote limit	ts, write RURA	l ond give neores	it town)
C		AL OR TRATITUTION (If n			d. STREET ADDRESS	er Height	\$		e. IS RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED Type or print)	nce George	s Genera	Middle	Lost	4. DATE OF DEATH	Month	Doy	Year
S. S		6. COLOR OR RACE	7. MARRIED WIDOWED	NEVER MARRIED XX	B. DAIL OF BIRTH	9. AGE lost	birthdoy)	IF UNDER 1 YEAR Months Doys	Hours N
	USUAL OCCUPATION	Colored  N (Give kind of work done life, even if retired)		OF BUSINESS OR	11. BIRTHPLACE (County	y & Stote, or foreign co	ountry)	12. COUNTRY?	
13.	FATHER'S NAME		1 1771	0	14. MOTHER'S MAIDEN				3.A.
	WAS DECEASED EVE	R IN U.S. ARMED FORCES? (If yes give wor or dotes	16. SO(		INFORMANT  Mother	Grace Lo	Address As ab		n
	Conditions, if ony rise to immediat stating the under last.  PART II. OTHER SI	, which gove te couse (o), rlying couse	(b) E TO (c)	DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	INDITION GIVEN IN P.	ART 1(o)	19.	WAS AUTOPS'
CERTIFICATION		S UNDERLYING  CONTROL CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCR	RIBE HOW INJURY OCCURRED.	(Enter noture of injury in	Port I or Port II of	item 1B.)	y	PERFORMED?
MEDICAL		URY Month, Doy, Yeor m.	While -	Not While for	ACE OF INJURY (Home, for tory, street, office bldg., etc.		or town)	(County)	(Stot
	saw the d 220. SIGNATURE 22c. PHYSICIAN'S	eceased alive on_	3-23 Kozin		.D. PHYS. 22d. ADDRESS	MED.	STAFF PHYS.	nd an the dat 22b. DATE SIGN 3/24/	67.
C	BURIAL, CREMATION REMOVAL (Specify Pemack 101 Funday Directo	ON, 23b. DATE TH	HEREOF	23c. NAME OF CEMETERY OR Prince George ADDRESS	CREMATORY	23d. LOCATION Chever	(City or Town	1) (County	) (Sto

**TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs Page 4 may be retained by the haspital ar attending physician.

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#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

04164 PLACE OF DEATH

### MEDICAL EXAMINER'S CERTIFICATE OF DEATH

0	A	4	0	1
0	1	1	h	3
V	-	4	U	U

The second				
F HE	O R	S	TA D	TEL
This certificate should be executed within 24 hours ofter death. If any delay is	icate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to	be forwarded to the Chief Medical Examiner's Office olong with farm PM3. Page		I be used as a buriol-tronsit permit. File pages Tond 2 with the state Uspartment of

necessary, please execute the certificate, writing the word "pending" the funeral director. Page 4 should be forwarded to the Chief Medica 5 may be retained for your files.

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	PLACE OF DEATH		2. USUAL RESIDENCE (V	Vhere deceosed lived, if institution	
	o. COUNTY	MADVIAND	o. STATE Maryland	b, COUNTY	George 's
_	Prince George's  b. CITY OR TOWN (If outside corporate limits,	MARYLAND LENGTH OF STAY IN 1b	Mary Land	tside corporate limits, write RURA	
	write RURAL and give nearest town)	LENGTH OF STAT IN 10	C. CITT OK TOWN (IT OU	iside corpordie ilmiis, write kukai	L ond give neorest town)
	Cheverly	DOA	Laurel		16-1
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give s	treet address)	d. STREET ADDRESS		e IS RESIDENCE ON A FARM?
	Prince Coorse Coronel Vosnit	าไ	803 Karen	Count	YES NO E
	Prince George General Hospit	Middle	Lost	4. DATE Month	Doy Year
3.	DECEASED			OF	
_		illiam	Tracy	DEATH 3	16 19 67
	SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH		IF UNDER 1 YEAR   IF UNDER 24 HRS.  Manths Days Hours Min.
]	Male white WIDOWED	DIVORCED 💂	19 Aug. 193	0 36 yrs.	
	USUAL OCCUPATION (Give kind of work done 10b. KIND O	F BUSINESS OR	11. BIRTHPLACE (Stote	or foreign country)	12. CITIZEN OF WHAT
U	ing most of working life, even if retired)  Loan Officer Citi	zen's Bank	Pennsyl	rania	U.S.A.
	FATHER'S NAME	acii s balik		V CLI LL CL	0.0.11
			MOTHER'S MAIDEN		
	dward B. Tracy		Far.		
15.	. WAS DECEASED EVER IN U.S. ARMED FORCES?  16. SOCIA		NFORMANT	Address	
1	yes, no, or unknown) (1952-1954	Ed	ward Trac:	y-Livittown,	Pa.
	18. CAUSE OF DEATH (Enter only one couse per line for (o),	b), ond (c).)			INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Massive	cubarachnoi	id and left.	internal cansu	ONSET AND DEATH
	4201 DUE TO	Subara Cimo		emorrhage	minutes
	. 5				
	rise to immediate rause (a)	onary artery	occlusion,	old and recen	t
		ensive arteri	iosclerotic	cardio vascula	r disease
	lost. (c)				unknown.
22	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DE	ATH BUT NOT RELATED TO 1	THE TERMINAL DISEASE CON	IDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED?
CERTIFICATION					YES X NO
3	20o. EXTERNAL CAUSE WAS 20b. DESCRIE	E HOW INJURY OCCURRED.	(Enter nature of injury in	Port 1 or Port 11 of item 18.)	
E	PRIMARY □ or CONTRIBUTING □				
	CAUSE OF DEATH.	A DECLIPATED AND DIAM	CE OF INVESTOR (III	[ 00] (C)	(5)
MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor Hour a.m. 20d. INJURY While		CE OF INJURY (Home, form ory, street, office bldg., etc.)		(County) (Stote)
Ξ	p.m. 19 at work	of work			
	21. I certify that I took charge of the remain	s described obove, he	ld on Autopsy 😿	Inspection , Inquir	y 🔀 ond in my opinior
	deoth resulted from: Notural couses				
		//	CHIEF MEDICAL		
	ACTUAL / 2	1	ACCICTANT MED	ICAL EXAMINER	22. DATE SIGNED
	SIGNATURE TO THE	77	IN. D.	L EXAMINER 🔀	
	EXAMINER'S TOWN TO DE	Ma			0 3/ /5
-		verdale, Md.		, city, town, or county)	3-16-67
230	o. BURIAL, CREMATION, 23b. DATE THEREOF 23	MAME OF CEMETERY OR	CREMATORY	23d. CATION (City or Town	(County) (Stote)
1	June 3 - 20 -67 /	Lecrota	n/late	Germata	n la
24	4. FUNERAL DIRECTOR -	ADDRESS /	2So RECT	BY REGISTRAR 29 PEGI	STRAR'S SIGNATURE
A	We Witt dansed	ean V fai	nel MAR	27 1967 Mile	0
1		7 7 000	- 10	1 M	

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TO DEPUTY MEDICAL EXAMINER:

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	30.50 him 153.		Assemble editorial	nontheli
ac.	1007 TOP 2	antilly of	brisarell	
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	the throat sound		A LINE LATERS	
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	en film et film tee speak			

FOR STATE HEALTH DARK 04165 any delay is necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Poges 1, 2, and 3 to with form PM3. Page

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 30 PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

DAISA

Chamber's Funeral Home 5514 Madison Street YE  3. NAME OF First Middle Last 4. DATE Manth Day	18
Prince George's MARYLAND Maryland Prince George  b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) Riverdale  d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address)  Chamber's Funeral Home  3. NAME OF  First  MARYLAND  Maryland Prince George  C. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) Riverdale  d. STREET ADDRESS  e  5514 Madison Street  YE  3. NAME OF  First  Middle  Lost  4. DATE  Month  Day	tawn)
b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town)  Riverdale  d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address)  Chamber's Funeral Home  3. NAME OF  First  Middle  Lost  4. DATE  Month  Day	tawn)
write RURAL ond give nearest town) Riverdale  d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address)  Chamber's Funeral Home  NAME OF First  Middle  Riverdale  d. STREET ADDRESS  e  5514 Madison Street  YE  NAME OF First  Middle  Lost  4. DATE  Month  Day	IS RESIDENCE
Riverdale  d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address)  Chamber's Funeral Home  NAME OF  NAME OF  First  Middle  DOA  Riverdale  d. STREET ADDRESS  e  5514 Madison Street  VE  Manth Day	
d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address)  Chamber's Funeral Home  S514 Madison Street  VE  NAME OF  Name OF  First  Middle  Lost  4. DATE  Month  Day	
Chamber's Funeral Home 5514 Madison Street YE NAME OF First Middle Last 4 DATE Month Day	
VAME OF First Middle Lost 4. DATE Month Day	S NO X
DECEASED	Year
(Type or print) Loretta Doudiken Waddell DEATH 3 9	19 67
SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years If UNDER 1 YEAR 1	Haurs Min.
male White WIDOWED DIVORCED 23, April 1912 54 yrs.	riduis Min.
USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OE V	WHAT
no most of warking life, even if retired) INDUSTRY Baltimore Marginal COUNTRY?	
Howellakel.	
FATHER'S NAME  14. MOTHER'S MAIDEN NAME	
Edward F. Doudiken Catherine Shipley	
S. WAS DECEASED EVER IN U.S. ARMED EORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	
es, no, or unknawn) (If yes give war ar dates af service) No None Mr. Robert W. Waddell same address	
	T AND DEATH
PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o) Burns - total body	AND DEATH
9160 DIE 10	
Conditions if any which cave >	
rise to immediate cause (a)	
stating the underlying cause DUE TO	
last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. W	VAS AUTOPSY
YES	PERFORMED?
206 EXTERNAL CALISE WAS 206 DESCRIPE HOW INITIDE OF CHIEF PARTY OF	
PRIMARY 🕇 or CONTRIBUTING 🗆	
CAUSE DE DEATH.  Description:	
CAUSE DE DEATH.  20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City ar tawn) (Caunty)	(State)
Hour a.m. While Not While Toctory, street, artice blog., etc.)	
	n my opinior
deoth resulted from: Notural couses 🔲 , Ascident 🔀 , Suicide 🔲 , Homicide 🔲 , Undetermined monner 🗌	
CHIEF MEDICAL EXAMINER	
SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER  22.	. DATE SIGNED
DEDITY MEDICAL EVAMINED TO	
NAME (Type) John Kehoe, M.D. Riverdale, Md. Address (Street, city, town, or county)	1-9-67
Transfer (1900) (Maria IV College IV 11 - IV COLLEGE) (Maria IV Colleg	
BURIAL, CREMATION 23b. DATE THEREOE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County)	(State)
a. BURIAL, CREMMION 23b. DATE THEREOE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County)  REMOVAL THE BUT 12 3/13/1967 Loudon Park Cemetery Baltimore, Maryland	(State)
a. BURIAL, CREMATION 23b. DATE THEREOE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County)  REMANDAL CREMATION 23d. LOCATION (City or Town) (County)  Burial Remarks 23d. Location (City or Town) (County)  Burial Remarks 23d. Location (City or Town) (County)	
30. BURIAL, CREMATION 23b. DATE THEREOE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County)  REMOVAL (Spring) 3/13/1967 Loudon Park Cemetery Baltimore, Maryland	

VR A15ME (5)

5 may be retained far yaur files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages I and with the State Department

Health priar to buriol, cremation, or removal, and in any event within 72 hours after deoth

the funeral director. Page 4 shauld be forworded to the Chief Medical Examiner's Office along

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If

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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

04166

CERTIFICATE OF DEATH

04165

		PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before adm	ission)
	(	o. COUNTY GEORGE CO MARYLAND	o. STATE Marcaland b. COUNTY Obacles	/
	ŀ	o. CITY OR TOWN (If autside corparote limits) .c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town	1)
		write RURAL and give nearest town)  Teb 3-67  Mar 5-107	Jughanilla MD 18-2	
	1	NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS e. IS R	ESIDENCE
1	4	Que leath		A FARM?
2	3. 1	NAME OF First Middle	Lost 4. DATE Month Doy	Year
	[	DECEASED (Type or print)  William	OF Sec	1967
	5. 5			IDER 24 HRS.
		7. Coloxed WIDOWED DIVORCED	8-17-1885   lost birthdoy)   Manths   Doys   Hou	rs Min.
		USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & Stote, or foreign country)  12. CITIZEN OF WHA	
	durii	ng mast of working like, even if retired) INDUSTRY	Minushara S. Gordin COUNTRY? S	
	13.	FATHER'S NAME	14 MOTHER'S MAIDEN NAME	
		John Wiles	Phillis Ellson	
		WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II	NFORMANT Address Michanics	villa
	(16	s, no, or unknown) (If yes give wor or dotes of service) 579-03-9592-8	Martin L. Mc Nowell, Md. Rt.	2
		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	INTERVAL	
4		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Unknownescelle	er Collapsa ONSET AN	D DEATH
		203X DUE TO	3-6	Char
		Canditions, if ony, which gove ) (b) Melastalec (	Ucenoma D.D.	P
		rise to immediate cause (a), stating the underlying couse DUE TO	201	Mules
П		lost. (c) Myllipel	1) Myelma 3 m	oneho
2	Z.	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO T	THE TERMINAL (DISEASE CONDITION GIVEN IN PART 1(0)	AUTOPSY DRMED?
2	Ĭ.		YES	NO 🗌
7	CERTIFICATION	206. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH  206. DESCRIBE HOW INJURY OCCURRED. (	(Enter nature of injury in Port I or Port II of item 18.)	
		(IF EITHER, NOTIFY MEDICAL EXAMINER)		
	MEDICAL	20c. TIME OF INJURY Month, Day, Yeor 20d. INJURY OCCURRED 20e. PLAC Hour o.m. While Nat While foctor	CE OF INJURY (Home, form, 20f. (City or town) (County)	(Stote)
	×	p.m. 19 of work. of work	ory, sireor, orice bogs, etc.)	
		21. I certify that (I) (this haspital) attended the deceased fram		
			death accurred at 5.65 M, fram causes and an the date sta	ted abave.
		220. SIGNATURE 10 he & Plane M.D.	ATTENDING MED. STAFF DIRECTOR PHYS. 22b. DATE SIGNED	
		22c. PHYSICIAN'S	22d. ADDRESS	
1		NAME (Type) MIFRED R. EAPIN MY	O CLINTON, MID	
1	230	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR C	CREMATORY 23d. LOCATION (City or Town) (County)	(Stote)
1	10	REMOVAL (Specify) 3-8-67 St. Marys C	ath Ch. Cem. Degantown Chas Co.	Md.
1	24.	EUNERAL DIRECTOR ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	
1	1	Martell adams aquasco,	1119. MAR I 3 1961 Judges Judge	4

**TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please (enrove capon papers. Pages 4 and 2 shauld be filed with the State Dept. af Health priar ta burial, crematian, ar remaval, and in any event, within 72 haurs after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after-Page 4 may be retained by the haspital ar attending physician. VR A15 (4) 20 M 1/66

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Allthon Allthon		

DOMESTIC SECRETARISM MARKET MARKET

### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

Items #10b & MEDICAL EXAMINER STEERTIFRENTE OF DEATH 04167

04166

b. CITY OR TOWN write RURAL an Cheverl	nce George!							
b. CITY OR TOWN write RURAL an	ace Cooncel				STATE		COUNTY	before odmission
b. CITY OR TOWN write RURAL an Cheverl		S	MA		arvland		rince Geo	orge's
Cheverl	(If outside corporate limits	s,	c. LENGTH OF STAY			side corporate limits, write		
	d give neorest town)		DOA		17477 -44-			11-1
	TAL OR INSTITUTION (If no	at in hasnital c	DOA	- 1	Hillside TREET ADDRESS			e. IS RESIDE
	AL OK MOTTOTON (II III	n in nospitor, g	give sireer oddiess)					ON A FAR
Prince G	eorge Gener	al Hos	oital		5906 L St	reet		YES N
NAME OF	Fir	rst	Middle		Lost	4. DATE OF	Manth	Doy Year
DECEASED (Type or print)	Will	iam	Clarence	Walt	on	DEATH	3	6 19
SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRI		E OF BIRTH	9. AGE (In yea		'EAR   IF UNDER 2
เรือวิ -	What a	WIDOWED	DIVORC	ED I	-12-1893	lost birthdo	y) Months D	Days Hours
Male	White N (Give kind of work done		ND OF BUILDESS OR		BIRTHPLACE (State of			EN OF WHAT
ing most of working	life, even if retired)	4 / N	DUSTRY n/Busine	COUCLE		i idieigii tooiiii i	COUN	ITRY?
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. FATHER'S NAME	_				MOTHER'S MAIDEN N			
Olin Sc	ott Walto	n		S	arah Sil	.ver		
. WAS DECEASED EV	ER IN U.S. ARMED FORCES?	16.	SOCIAL SECURITY NO.	17. INFOR	MANT		Address	ame as
as, no or unknown)	If yes give war or dotes o	of service)	7 00 01	10 36	36	Virginia		Serine era
nknown.	D	D1	1-05-50	) Mrs.	Myrtie	virginia	Walton-	Item
	EATH (Enter only one cou	ise per line for	(o), (b), ond (c).)					INTERVAL BETW
PART I. DEA	TH WAS CAUSED BY:	. Hear	t failure				77	ONSET AND DEA
4200					1 1.2			
1 / 1 - 1		10 Arte	rlosciero	ric near	rt disease	3	ĮŪ.	ınknown
Conditions, if on		(b)						
stating the unde		TO						
last.	mining coose	(c)						
DAPT II OTHER S	IGNIFICANT CONDITIONS C		TO DEATH BUT NOT P	SELATED TO THE TE	DINAL DISEASE CONI	DITION GIVEN IN PART 1(c	1)	19. WAS AUTOP
PART II. UTILEK S	IGNITICANT CONDITIONS C	UNIKIBUTING I	IO DEATH BUT NOT K	ELATED TO THE TE	KMINAL DISCASE CONI	DITION GIVEN IN FACT IQU	')	PERFORMED
								YES N
20o. EXTERNAL C		20b. DE	SCRIBE HOW INJURY	OCCURRED. (Enter	nature of injury in P	ort I or Port II of item 18	.)	
PRIMARY Or CO	NIKIBUTING 🗀							
	SIDV Marak Day Vans	204 11	NJURY OCCURRED	T 200 DIACE OF	INJURY (Home, farm,	20f. (City ar tow	n) (Caunt	ty) (St
Hour a.	URY Month, Doy, Year m.	While			reet, office bldg., etc.)	ZOI. (CITY OF TOW	(cdom	17) (31)
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21   certif	fy that I taak charge	e of the ren	nains described	abave held ar	Autonsy 🗍	Inspection 🗶,	Inquiry 🔀,	and in my a
		. 400	-	7. Suicide [				and in my a
I GROUN LEGIN	rea fram: Natura	Il cooses A	Accident [	_I, Suicide [		, Undetermine	manner	
dedin 1630	4	1/ 1	/ /		CHIEF MEDICAL I	EXAMINER		
	111	20	2	. M.D	ASSISTANT MEDI	CAL EXAMINER		22. DATE SI
ACTUAL		-			DEPUTY MEDICAL	EXAMINER X		
ACTUAL SIGNATURE	- /- P							
ACTUAL SIGNATURE	John Kelloe,	M.D.	Riverdale	Ma.	Address (Street,	city, town, or county)		3-7-67
ACTUAL SIGNATURE EXAMINER'S NAME (Type)	1			•		city, town, or county)	or Town)	
ACTUAL SIGNATUREEXAMINER'S NAME (Type)	ON, 276. DATE TH	EREOF	23c. NAME OF CE	METERY OR CREMA	TORY Com:	23d. LOCATION (City of		ounty) (Sta
ACTUAL SIGNATURE EXAMINER'S NAME (Type)	ON, 276. DATE THE 3/9/6	EREOF	23c. NAME OF CE	METERY OR CREMA	TORYCom: 11 Gospe	23d. LOCATION (City of		ounty) (Sta

STATE H DEPT. 5 may be retained far yaur files. TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages I and 2 with the Stare Department af the funeral directar. Page 4 shauld be farwarded to the Chief Medical Examiner's Office alang with farm, PM3. Pag v dela 'pending" in pencil in Item 18. Give Pages 1, 2, and TO DEPUTY MENICAL EXAMINER: This certificate should be executed within 24 hours after death. If a necessary, please execute the certificate, writing the ward

VR A15ME (5)

Health priar ta burial, crematian, ar remaval, and in any event within 72 haurs after death.

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Man Molton, M.D. Starminle, 12.

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The last

23c. NAME OF CEMETERY OR CREMATORY

MT CALVARY CEMETERY

ARiverdal ewn, Mounty)

WASH .D .C . MAR I 4 1967

23d. LOCATION (City of Town)

GREENBURG . NEW

(County)

VR A15ME (5) 6M 1/67

the

NAME (Type)

BURIAL (Specify)

230. BURIAL, CREMATION,

24. FUNERAL DIRECTOR

23b. DATE THEREOF

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#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

**TO FUNERAL DIRECTOR:** After this certificote has been signed by the attending physicion and completely filled in by the funeral director, page 3 should be detached far use os the burial-transit permit. Then please, remove carbon papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremation, or removol, and many event, within 72 haurs after depth. Page 4 may be retained by the haspital or attending physician.

0416	9		CERTIFI	CATE	OF DEA	TH		(	1416	Q	
. PLACE OF DEATH		¹s	MARYL	- 11	2. <b>USUAL RESI</b> o. STATE	DENCE (Wh Mary	ere deceosed i	lived, if institu b. CO	ution: Resider UNTY Pro	Georg	nission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) ACLIPATION				1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Beltsville, Md.						
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress)  Paint Branch Nursing Home					d. STREET ADDRESS  11128 Emack Coad  6. IS RESIDENT ON A FARM YES \( \sum \) NO						
B. NAME OF DECEASED (Type or print)		hel	Middle L	We	lls		4. DATE OF DEATH	Mar			
female	6. COLOR OR RACE  white	7. MARRIED X	NEVER MARRIED DIVORCED		Date of Birth			GE (In yeors poirthdoy) yrs.	Months Months	Doys Ho	NDER 24 HRS. ours Min.
Do. USUAL OCCUPATION (Give kind of work done uring most of working life, even if retired)  10b. KIND OF BUSINESS OR INDUSTRY own in the control of the contr					11. BURTHPLACE (County & Stole, or foreign country)  Virginia  12. CITIZEN OF WHAT COUNTRY?						
13. FATHER'S NAME	EJ	liott		1	4. Mother's M Un	knowi					
IS. WAS DECEASED F (Yes, no, or unknow)	VER IN U.S. ARMED FORCES? (If yes give wor or dotes	of service) 16. SOCI	AL SECURITY NO.		ormant rnard L	Well	ls Bel		le, Md	•	
PART I. D	DEATH (Enter only one con EATH WAS CAUSED BY: IMMEDIATE CAUSE	( ba	(b) and (c).	This	enbo	zis		,		ONSELA	L BETWEEN NO SEATH
Conditions, if o	nγ, which gove	(b) Her	uraliz	of	lile	ر- مد	sal	un			
stoting the un	, i, f Dille	(c)		/							
PART II. OTHER	SIGNIFICANT CONDITIONS	NTRIBUTING TO	EATH BUT OT REAL		TERMINAL DISI	EASE CONDI	ITION GIVEN II	PART 1(o)		19. WAS PERF YES	AUTOPSY ORMED? NO X
OR CONTRIBUTII	VAS UNDERLYING ☐ NG ☐ CAUSE OF DEATH FY MEDICAL EXAMINER)	20b. DESCRI	BE HOW INJURY OCC	CURRED. (En	ter noture of i	njury in Po	rt I ar Part II	of item 18.)			
Hour.	NJURY Month, Day, Yeor o.m. p.m. 19	20d. INJUR While of work	Y OCCURRED  Not While of work		OF INJURY (Hor , street, office b		20f. (C	ity or town)	(Co	unty)	(Stote)
saw the	tify that (I) (this hos deceased alive on	pital ottended			leath accuri	, 19_ red_at		ram couses	, 19 s and an t		I) (we) last ated above.
22o. SIGNATUR	all	dun	2 /	M.D.	ATTENDING PHYS.		ED. RECTOR	STAFF PHYS. [	22b. D	ATE SIGNED	2 1
22c. PHYSICIAN NAME (Ty	pe) W.C.	,Eti's	ENIVE		22d. ADDRE		elli	ge'	Da	M.	My
230. BURIAL, CREMA REMOVAL (Spec Burial	March (	6, 1967	Ft Linco		metery		Colma	Mano	r Pro	(County) Geo	(State) Md.
24. FUNERAL DIREC	Gasch's Son	ns Hya	ttsville	, Md.		O. REC'D E	R 6	1967	gclio	incles I	udgl

30,300,000,000,000,000 - 51 ALE HALL The father Eaby rielis. the astronomical and follows branches of and Thembour 5 34 Censely Colum dolum Diship Hellitin Table 1 RAW to the cast two tables to the at the cast the

## MARYLAND STATE DEPARTMENT OF HEALTH ON OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLA

		04170			CERTI	FICATE	OF DEATH			04	110	59	
	(		George			RYLAND	2. USUAL RESIDENCE ( o. STATE Marylar	nd	Pro	nce Ge	eore	ge	an)
	1	o. CITY OR TOWN (If outside of write RURAL and give negrons Riverd:	orporate limits, est tawn) ale		c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If or			RAL and give	e neare	st tawn)	
73	(	. NAME OF HOSPITAL OR INST Eugene L	,		ive street address) l Hospita	1	d. STREET ADDRESS 6107 Q1	leens (	hapel R	d.,		e. IS RESI ON A F YES	IDENCE FARM? NO 3
1		NAME OF DECEASED Type or print)	First Ruel		Middle S •		lost Wheeler	4. DATE OF DEATH	Mon 3-2		Da		67
/	5. 5		OR RACE	7. MARRIED WIDOWED	NEVER MARRI		8-29-00	9.	AGE (In years last birthday)  OF yrs.	IF UNDER Manths	Days	Haurs	R 24 HRS. Min.
	duri	USUAL OCCUPATION (Give kind ing mast of working life, even if		10b, KII INI Ret	ND OF BUSINESS OR DUSTRY	ine	11. BIRTHPLACE (County Virginia	a	eign country)	12. CI CO U	IIZEN O UNTRY SÅ	P WHAT	
K		FATHER'S NAME Arthur	Middle			1	14. MOTHER'S MAIDEN Edna M	-	hnso				
	(Ye	WAS DECEASED EVER IN U.S. AF s, na, or unknown) (If yes give	wor or dotes of s	service)	OCIAL SECURITY NO.	17. 1	NFORMANT  Daughte	er & me	Addr edical R		-		
		18. CAUSE OF DEATH (Ente PART I. DEATH WAS CA	r only ane cause USED BY: EDIATE CAUSE (a	0	(o), (b), and (c).) ONGES	TIVE	HEART	- F	ILURE	,	201	TERVAL BE NSET AND I	TWEEN DEATH
		Canditians, if any, which garnise to immediate cause (c	1) (0	<u>G</u>	EN. A	RIE	RUSCLER	054			U	NKN	OWN
		stating the underlying caulost.	<del>-</del> ) (c	)							Lie	1414.5.441	TO DE V
2	CATION	PART II. OTHER SIGNIFICANT		191	BRON	CHIA	L ASTE	MA	,			WAS AUT PERFORM YES	NO A
	L CERTIFICATION	20a. ACCIDENT WAS UNDERLYI OR CONTRIBUTING ☐ CAUSE O (IF EITHER, NOTIFY MEDICAL E)	F DEATH	20b. DES	SCRIBE HOW INJURY	OCCURRED.	Enter nature of injury in	Part I or Part	II af item 18.)				
	MEDICAL	20c. TIME OF INJURY Month Hour a.m. p.m.	19	While at wark		fact	E OF INJURY (Home, formary, street, office bldg., etc.	)	(City ar tawn)		unty)		(State)
		21. I certify that ( saw the deceased	l) (this haspi alive ory	tal) attend 3 - 2 c	led the deceased	fromand that	death accurred at	948 to	, fram causes				we) last d abave
		22c. PHYSICIAN'S	1.110	uni	ner	M.D	ATTENDING PHYS. 22d. ADDRESS	MED. DIRECTOR	STAFF PHYS.	22b. D	ATE SIGI	1-6	7
1		NAME (Type) C. J					4404 Que						
0		SMOVAL (Specify)	23b. DATE THER		meada		La Mem	N	ATION (City or To	1 h	(County		State)
3		FUNERAL DIRECTOR De With D	mald	loca	ADDRESS	ref	Ind DMAR	28 1	967	EGISTRAR'S S	NA P	KE KAR	

69170 D. C. S. LEVALY SELECT THAT THE CO. S. C. Washing Sanction of my Miles the Miles MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

04171	CERTIFICATE	OF DEATH		04170
1. PLACE OF DEATH  o. COUNTY Prince Georges	MARYLAND	2. USUAL RESIDENCE (	Where deceosed lived, if institution b. COUNT	n: Residence before odmission) Prince Georges
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Riverdale. Marvland	7 days, 4hrs.	c. CITY OR TOWN (If ou	tside corporote limits, write RURA Laurel	L ond give nearest town) Maryland
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital Eugene Leland Memorial Ho		d. STREET ADDRESS Rt.1, Box	200, Laurel, Mar	yland   e. is residence ON A FARM? YES   NO
3. NAME OF First DECEASED (Type or print) Robert	Middle A.	Whisner	4. DATE Month OF March	4
S. SEX 6. COLOR OR RACE 7. MARRIE Male White WIDOWE	HEVER WINDOWNED	B. DATE OF BIRTH 7/15/1882	9. AGE (In years 84 lost birthdoy) yrs.	Months Doys Hours Min.
100. USUAL OCCUPATION (Give kind of work done during most of working life, eyen if retired)  Nas Fer Mechanic	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County)	& State, or foreign country) Ohio	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME /	
15. WAS DECEASED EVER IN U.S. ARMED FORCES?		ecords	Address	S
1B. CAUSE OF DEATH (Enter only one couse per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove nise to immediate couse (a), DUE TO	for (o), (b), and (c).)	Hereit	Juliustu Jailure	INTERVAL BETWEEN ONSET AND DEATH
lost. (c)	G TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY
OR CONTRIBUTING CAUSE OF DEATH  (IF FITHER NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in	Port I or Port II of item 18.)	PERFORMED?  YES NO
20c. TIME OF INJURY Month, Doy, Yeor Wh		CE OF INJURY (Home, forn tory, street, office bldg., etc.		(County) (Stote)
21. I certify that (I) (this haspital) atta saw the deceased alive an	ended the deceased fram_ 19 🎝 , and tha	t death accurred at	M, fram causes a	, le, that (I) (we) last ind an the date stated above
220. SIGNATURE	M.	D. ATTENDING PHYS.	MED. STAFF PHYS.	22b. DATE SIGNED
	VINGFIELD	Laur	el ml	
230. BURIAL (REMATION, REMOVAL (Specify) Ranch 101	23c. NAME OF CEMETERY OR	Park	23d LOCATION (City or Tow	Ohin
24. FUNERAL DIRECTOR Canaldan	Laurel 1.	and DAMAR	BY REGISTRAR 256 REG	sares Judge

**TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please tempore carban papers. Pages and should be filed with the State Dept. at Health priar ta burial, crematian, or remaval, and in any event, within 72 haurs after death. ro HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

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0411	ls .		CERTI	FICATE	OF DEATH			U%1	11
1. PLACE OF DEATH o. COUNTY Pr	ince George	8	MA	RYLAND	2. USUAL RESIDENCE (V		b. COUNT	Y	
b. CITY OR TOWN  Green D	(If outside corporote limit nd give negrest town)	\$,	c. LENGTH OF STAY  5 month		c. CITY OR TOWN (If ou	stside corporote		L ond give no	eorest town) H7-3
d. NAME OF HOSP	ITAL OR INSTITUTION (If no	ot in hospital, gi	ive street oddress)		d. STREET ADDRESS				e. IS RESIDENCE
Glenn	Dale Hospita	al			4427 Quar1	es St.,	N.E.		ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)		ard H.	Middle	Wh	Lost	4. DATE OF DEATH	Month Ma:	rch 9	Day Year 19 67
S. SEX	6. COLOR OR RACE	7. MARRIED WIDOWED	NEVER MARRI DIVORC		7/15/34	9. /		Months D	EAR IF UNDER 24 HRS. ays Hours Min.
100. USUAL OCCUPATION during most of working Fence 1	ON (Give kind of work dane g lite, even if retired)	10b. KIN	ND OF BUSINESS OR DUSTRY		11. BIRTHPLACE (County Washington			12. CITIZE	N OF WHAT TRY?
(Yes, no, or unknown) unknown	/ER IN U.S. ARMED FORCES?     (If yes give wor or dotes o	of service)	OCIAL SECURITY NO. 5-34-0460		Cordelia NFORMANT deced		Address		INTERVAL BETWEEN
Conditions, if on rise to immedia stoting the und	y, which gove ote couse (o),	(b) Acute	renal tu	agic r	necrosis of necrosis:	status	s post 1	eft	ONSET AND DEATH
Pulmon	ary tubercu		O DEATH BUT NOT R	ELATED TO T	THE TERMINAL DISEASE CON	NDITION GIVEN	IN PART I(a)		19. WAS AUTOPSY PEREORMED? YES A NO
OR CONTRIBUTING	AS UNDERLYING  G CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY	OCCURRED.	(Enter nature of injury in	Port I or Port II	of item 18.)		
Hour o	JURY Month, Doy, Yeor J.m. 19	20d. IN. While of work	JURY OCCURRED  Not While of work		CE OF INJURY (Home, form ory, street, office bldg., etc.)		City or town)	(County	y) (Stote)
	r <b>ify</b> that (🌂 (this has deceased alive an	pital) attend 3/	ed the deceased <b>9/</b> 19 <b>67</b>	d fram and that	<b>9/29/</b> , 1 death accurred at	9 <u>66</u> ta 7:00AM	3/9, fram causes ar	nd an the	
22o. SIGNATURE	Ulve	Who		M.D		MED. DIRECTOR	STAFF PHYS.	22b. DATE 3/9/6	-1-11-
22c. PHYSICIAN' NAME (Typ		ss, M.D			22d. ADDRESS Glenn Dal	e Hospi	Ltal, Gl	enn Da	le, Md.
230. BURIAL, CREMAI REMOVAL (Specification) 24. FUNERAL DIRECT	L 3-15	100	23c. NAME OF CEA	METERY OR O	NY	1	TION (City or Town  20 V E C  25b. REG	/	evidand
Jarvi	2 Funeral	Home	14 m	+U	A. hwhoate ]	4 1967	1 1	rles &	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funcial director, page 3 should be detached far use as the burial-transit permit. Then please remaye carban papers. Pages for a shauld be filed with the State Dept. at Health priar ta burial, cremation, ar remayal, and many event, within 72 haurs after decay. Page 4 may be retained by the haspital ar attending physician.

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March 7, 67	61 1471	.B 5	zaveli
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3/9/67	ar all the first out		
ol, Gleng Dale, Md.	Clenn Dale Heeple		onless solt

# funeral director, auld be filed with after death. Page 4

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MARYLAND STATE DEPARTMENT OF HEALTH

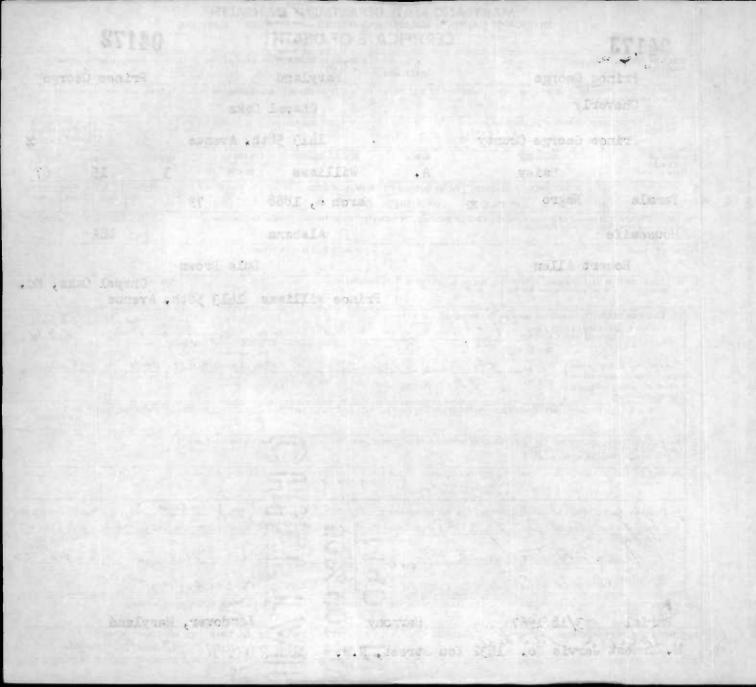
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

04173			CERTIFICA	TE OF DEAT	Ή		04172	
1. PLACE OF DEATH o. COUNTY Pri	nce George		MARYLAND	2. USUAL RESIDENCE a. STATE Marylan		lived. If institution b. COUNTY		fore odmission) George
b. CITY OR TOWN RURAL ond give of	(If outside corporate limited est town)	ts, write c. LENG	TH OF STAY IN 16	c. CITY OR TOWN	(If autside corpor	ate limits, write R	URAL and give n	earest tawn)
OP INSTITUTION	TAL (If not in hospital, g		meral Hosp	d. STREET ADDRESS	58th. At	renue		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Dais		Middle A •	Williams	4. DATE OF DEATH	Man 3		Day Year .5 1967
s. sex Female	6. COLOR OR RACE	7. MARRIED N	EVER MARRIED	B. DATE OF BIRTH		9. AGE (In years last birthdoy) yrs.	Manths Days	AR IF UNDER 24 HRS Hours Min.
10a. USUAL OCCUPATI during mast of wo Housewif	ON (Give kind of work rking life, even if retired	done 10b. KIND OF	BUSINESS OR IND	USTRY 11. BIRTHPLACE (SI		untry)	12. CITIZEN O	OF WHAT COUNTRY
13. FATHER'S NAME	bert Allen			14. MOTHER'S MAIDE		Brown		
	ER IN U. S. ARMED FOR (If yes, give war or dates of s			INFORMANT Prince Willi	ams 141	Add		Ocks, Md
Canditions, if gove rise to couse (a), stoting lying cause lost	the <u>under-</u> DUE TO	Hyg	serten	Heart Drs in and	arten	vsche	vas	19 Sy W Y Know
200. ACCIDENT W	AS UNDERLYING  G CAUSE OF DEATH			ED. (Enter noture of injury				PERFORMED? YES NO
20c. TIME OF INJU Haur o. m. p. m.			while f	PLACE OF INJURY (Home, octory, street, office bldg.,		or town)	(Count	y) (Stote
21. I certify the saw the deced 22a. SIGNATURE 22c. PHYSICIAN'S NAME (Type)	anh A L	-8- 19	deceased fram 67, and that WD	death accurred of  M.D. ATTENDING PHYS.  22d. ADDRESS  M.D. 124	DIRECTOR		nd an the da	that (I) (we) laste stated abave 22b.DATE SIGNE
23a. BURIAL, CREMATI REMOVAL (Specify Burial		0F 23c. NA	ME OF CEMETERY			ION (City, town,		(State)
24. FUNERAL DIRECTO	r's SIGNATURE CO	OKIAL	ou Street	2So. (	REC'D BY REGIST	WAI	strar's signat	TURE USEL

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs TO FUNERAL DIREC.
After this certificate has been signed by the attending physician and campletely filled in Lagons as should be detached for use as the burial-transit permit. Then please remaye carban papers. Pages 1 and the State Board of Health prior to burial, cremation, ar remayal, and in any event within 72 hours after death.

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haspital ar attending physician.



MARYLAND STATE DEPARTMENT OF HEALTH

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MARIE DEL ARTIMENT OF HEAETH	
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2	1
Item#7 Film #6387 4/3/67 pc	
MEDICAL EXAMINER'S CERTIFICATE OF DEATH	

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Ė/	AL.	TH	V		1
is certiticate should be executed within 24 hours ofter deoth. It any delay is	necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to 180	forworded to the Chief Medical Exominer's Office olong with farm PM3. Page		TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Deportment of	Action of the contract within 70 hours often double
TO DEPUTY MEDICAL EXAMINER: IN	necessary, please execute the certifico	the funeral director. Page 4 should be	5 may be retained for your files.	TO FUNERAL DIRECTOR: Page 3 should b	Hoolth prior to burial gramation or ros

0417	4	141	EDICAL EXAMINER 3	CERTIFICATE C	זר אני	IΠ	U41	13		,
. PLACE OF DEATH			· italia e	2. USUAL RESIDENCE	(Where dece			e before	admissio	on) /
o. COUNTY Prince	George's		MARYLAND	o. STATE Indiana	1	b. coul	Washin	gt.or	1	1
b. CITY OR TOWN	(If outside corporate limi	ts,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If o						
Chever	and give neorest town)		DOA	Salem			,	52.3	2	
	PITAL OR INSTITUTION (If n	ot in hospi		d. STREET ADDRESS				e	IS RESID	
Prince	George's G	enera	l Hospital	Box #43	30			Y	ON A FA	NO X
. NAME OF		irst	Middle	Lost	4. DATE	Mon	th	Doy	Yeo	ar a
(Type or print)	Edwa	rd	Everett	Williams	OF DEA1	'н 3		26	196	57
S. SEX	6. COLOR OR RACE	7. MARE	- vv	B. DATE OF BIRTH		9. AGE (In years	IF UNDER 1		IF UNDER	_
male	white	WIDOV	VED DIVORCED	12-19-10		last birthdoy)	Months	Days	Hours	Min.
Oo. USUAL OCCUPATION	ON (Give kind of work done	10	b. KIND OF BUSINESS OR	11. BIRTHPLACE (State	e ar fareign		12. CIT	IZEN OF	WHAT	
uring most of workin Ma.nu	nglife, even if retired)	1	Garments	Indi	iana		COL	IZEN OF INTRY?	S. A	
13. FATHER'S NAME				14. MOTHER'S MAIDEN	NAME					
	Elmer	T. V	Villiams	Bertl	na Mo	rris				
	VER IN U.S. ARMED FORCES	?	16. SOCIAL SECURITY NO. 17.	INFORMANT		Addre				
(Yes, no, or unknown	(If yes give wor or dates	of service)		Robert Will:	iams	1935 Brook	k Driv side M	d.		
18. CAUSE OF	DEATH (Enter only one co	use per lin						INTE	RVAL BET	
PART I. DE	EATH WAS CAUSED BY:	(a) He	eart Failure					ONS	SET AND D	EATH
420		(0) E TO								
	ny, which gove		teriosclerotic	Heart Diseas	se			10	years	5
rise to immedi		E TO								
fost.	deriving coose	(c)								
PART II. OTHER	SIGNIFICANT CONDITIONS	CONTRIBUT	ING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	NDITION G	VEN IN PART 1(o)			WAS AUTO	
									PERFORM S	NO X
20o. EXTERNAL		20	b. DESCRIBE HOW INJURY OCCURRED	. (Enter nature of injury in	Part I or P	ort II of item 1B.)				(.4.4
PRIMARY Or C	ONTRIBUTING   I.									
	NJURY Month, Day, Yeor	20		ACE OF INJURY (Hame, for		(City or town)	(Cou	nty)	(	(State)
Hour (	o.m. p.m. 19		While Not While of work of twork of two of work of two of work of two of	ctory, street, office bldg., etc	.)					
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	ulted fram: Notur	,		icide . Hamicide		Undetermined m	/ 144	1	,	арина
GCGIII 1030		1/10030	1 Address 1	CHIEF MEDICA			Idilliei [	1		
ACTUAL SIGNATURE	1 like	1	6 61	M.D. ASSISTANT ME				2	2. DATE	SIGNED
EXAMINER'S	1100	7/		DEPUTY MEDIC	AL EXAMIN	ER X			3-26	6-67
	ohn Kehoe M	.D.,	Riverdale, Mary	land Address (Stree	et, city, taw	n, or county)				
230. BURIAL, CREMA	TION, 23b. DATE TH		23c. NAME OF CEMETERY OF		23d.	LOCATION (City or To	wn)	(County)	(5	tate)
REMOVAL (Spec	Mar.	26,1	967 Crown Hil	.1		Salem, In	d.			
240 FUNERAL DIREC			Suitland Rd.	2So. REC	D BY REGIS	TRAR 25b. RE	EGISTRAR'S SI		140	1
Robert I	Willia Con		tland Md.	DUAS	0.65	1967 20	liarle	1 Ju	7	
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### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) I PLACE OF DEATH Prince George's o. COUNTY o. STATE Prince George s
b. CITY OR TOWN (If outside corporate limits, Maryland c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give neorest town) Hillcrest Heights
d. NAME OF HOSPITAL OR INSTITUTION (If not in haspitol, give street oddress) Riverdale e. IS RESIDENCE ON A FARM? d. STREET ADDRESS the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, " 4 shauld be farwarded to the Chief Medical Examiner's Office along with farm YES NO TX Parking lot of 3206 Curtis Drive 6314 Kennedy Street should be executed within 24 haurs after death. 3. NAME OF 4. DATE DECEASED 19 67 DEATH Wilson (Type or print) Huev 6. COLOR OR RACE B. DATE OF BIRTH NEVER MARRIED lost birthdoy) Months Doys WIDOWED DIVORCED in any event within 72 haurs after death 5-9-1935 31 11. BIRTHPLACE (Stote or foreign country) White 10o. USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY TENNESSEE GUARD NAT. SECURITY GAURD 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME WILSON PEEKS CHARLES 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, or unknown) (If yes give wor or dotes of service) Address SAME AS 16. SOCIAL SECURITY NO. 17. INFORMANT KATHYLEEN WILSON 409484383 ABCD INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) ONSET AND DEATH a burial-transit PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) Asphyxia Aspiration of gastric contents Conditions, if ony, which gove Secondary to multiple rib fractures rise to immediate couse (o) From trauma stoting the underlying couse SD 3 shauld be used PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES X 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) PRIMARY or CONTRIBUTING SICAL EXAMINER: CAUSE OF DEATH Vomited and aspirated in association with attack by assail—
20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, tarm, 20f. (City or town) (County) (County) 20c. JIME OF INJURY Month, Doy, Yeor petween o.m. While 2:00amm 3-1- 1967 of work of wor 1&2:00amm 3-1and in my apinian funeral directar. Hamicide X Undetermined manner death resulted fram: Natural causes Accident Suicide . CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county) John/Kehoe, M.D. NAME (Type) Riverdale, Md. 23o. BURIAL, CREMATION, BURIAL (Specify) 6 MAR. 1967 24. FUNERAL DIRECTOR VR A15ME (5) W.W. CHAMBERS CO RIVERDALE

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH 04176 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission the funeral o. COUNT o. STATE b. COUNTY (georges MARYLAND b. CITY OR TOWN (If outside corporate llimits. c. LENGTH OF STAY IN 1b. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) popers. Pog hin 72 hours ( write RURAL and give nearest town) Washington d STREET ADDRESS IS RESIDENCE ON A FARM? .⊑ d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) filled 612 Fern Place N.W YES NO NO Home /Vursing 3. NAME OF Middle Year carbon Month Doy completely DECEASED Blanche event, Wineberger March 5 1967 (Type or print) DEATH SEX 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR | IF UNDER 24 HRS 6. COLOR OR RACE 7 MARRIED NEVER MARRIED remove lost birthdoy) Months Hours any WIDOWED 3 10 DIVORCED ond 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) INDUSTRY physicion ( Washington Housewife 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME transit permit. Then pl cremation, or removol, Caroline Brandt WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give war ar dotes of service 612 Fern Place N.W. Washington Daughter 579-60-1395 INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) signed by the burial-transit p PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) DUF TO burial, Conditions, if ony, which gove rise to immediate couse (a). DUF TO stoting the underlying couse os the prior to has been lost. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) Health p NO certificate 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port | or Port || of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED (City or town) (County) (Stote) Hour o.m. Not While foctory, street, office bldg., etc.) ot work ot work TO FUNERAL DIRECTOR: After 21. I certify that (1) (this hospital) attended the deceased fram 1966 ta 1967, that (1) (340) last 1967, and that death accurred at 1/0 4 M, fram causes and an the date stated above. saw the deceased alive an 22o. SIGNATURE director, page 3 should be filed v M.D. DIRECTOR PHYS PHYS 22c. PHYSICIAN'S **ADDRESS** Page 4 may NAME (Type) Lu 5/04 23d. LOCATION (City or Town) 23o. BURIAL CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (Stote) REMOVAL (Specify) Rock Creek Cemetery Buria Washington 250. REC'D BY REGISTRAR VR A15 (4) 25M 1/67

requires that the death certificate be executed within 24 hours ofter death

ATTENDING PHYSICIAN: The law

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## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRES

MARYLAND

c. LENGTH OF STAY IN 1b

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FOR STATE HEALTH DEP

041

Prince George's

b. CITY OR TOWN (If outside corporate limits,
write RURAL and give nearest town)

Cheverly

d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address)

Foster

Prince George General Hospital

PLACE OF DEATH o. COUNTY

3. NAME OF DECEASED (Type or print)

MEDICAL EXAMINER

77	OF DEA		04	171	3	
2. USUAL RESIDENCE (	(Where dece	osed lived, if instituti b. COUN		e before	admissio	n)
Maryland		Pri	ace Ge	orge	15	
c. CITY OR TOWN (If o	utside corpo	rate limits, write RUI	RAL ond give	neorest	town)	
Forest H	etøht.	5		/	011	
d. STREET ADDRESS	- Bulli			€.	IS RESID ON A FA	
127 Foxwa	v Dris	TO.		Y	ES	NO J
Lost	4. DATE	Mont	h	Doy	Yea	
Woods	OF DEATI	. 3		22	19	57
8. DATE OF B TH		9. AGE (In years	IF UNDER	1 YEAR	IF UNDER	24 HRS.
70 70 7000		last birthday)	Months	Doys	Hours	Min.
112-13-1895	e or foreign		12. CI	TIZEN OF	WHAT	
Md				UNTRY?		
14. MOTHER'S MAIDEN	NAME					
Unk						
7. INFORMANT		Addre	255			
Grace Wood		August				
Tace Wood				INITE	RVAL BET	AFEAL
				ONS	et and d	EATH
heart disea	se			ver	10 ;	yrs.
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TO THE TERMINAL DISEASE CO	NDITION GIV	VEN IN PART 1(0)				
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ED. (Enter noture of injury in PLACE OF INJURY (Home, far foctory, street, office bldg., etc	Port I or Pom, 20f.	ort II of item 18.) (City or town)		YE:	(!	NO 🗽
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ED. (Enter noture of injury in PLACE OF INJURY (Home, far foctory, street, office bldg., etc.	m, 20f.	(City or town) tian X, Inqu	piry 🗶 ,	YE:	(!	NO 🗽
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M.D. ASSISTANT ME	Inspected Inspec	(City or town)  tian X, Inqu Undetermined m	piry 🗶 ,	unty) and	in my	NO x

necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral directar. Page 4 should be forworded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained far yaur files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages lands with the State Department of O DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any delay is Heo!th prior to buriol, cremation, or removol, and in any event within 72 hours ofter deat

3. 3	b. COLOR OR RAC	.E /. MARKIED	NEVER MARKIED	S. DATE OF S. TH	last birthday)	Months Doys	Hours	Min.
	male white	WIDOWED	DIVORCED	ohere also de	71 yrs.			
	. USUAL OCCUPATION (Give kind of working most of working life, even if retired)  Attorney		F BUSINESS OR RY	11. BIRTHPLACE (State or fore	eign countrγ)	12. CITIZEN COUNTRY		
13.	FATHER'S NAME			14. MOTHER'S MAIDEN NAME				-
	Court Foster	Wood		Unk				
	WAS DECEASED EVER IN U.S. ARMED FO s, no, or unknown) (If yes give war or o	RCES? 16. SOCIA	L SECURITY NO.	Grace Wood.	Addres	SS	218	
1	18. CAUSE OF DEATH (Enter only o PART I. DEATH WAS CAUSED BY IMMEDIATE (	774	(b), ond (c).) failure				TERVAL BET NSET AND D inute	
RTIFICATION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO Arters (b) DUE TO (c)	ioscleroti	c heart disease		ove	r 10	yrs.
	20o. EXTERNAL CAUSE WAS PRIMARY  or CONTRIBUTING			O TO THE TERMINAL DISEASE CONDITION			PERFORM YES	
MEDICAL C	CAUSE OF DEATH.  20c. TIME OF INJURY Month, Doy, Y Hour a.m. p.m.	eor 20d. INJURY While of work	OCCURRED 20e Not While of work	e. PLACE OF INJURY (Home, farm, foctory, street, office bldg., etc.)	20f. (City or town)	(County)	(	Stote)
	21. I certify that I taok of death resulted fram:	harge af the remain	s described abave	Suicide, Homicide,	Undetermined mo	,	d in my	opinian
	ACTUAL SIGNATURE  EXAMINER'S  CHIEF MEDICAL EXAMINER  ASSISTANT MEDICAL EXAMINER  DEPUTY MEDICAL EXAMINER  TO DEPUTY MEDICAL EXAMINER						22. DATE	SIGNED
	NAME (Type) John Kehoe	e. M.D. Ri	verdale,	Md Address (Street, city, t	town, or county)	3	-22-6	7
C	BURIAL, CREMATION, 23b. DA REMOVAL (Specify) remation 3.2 FUNERAL DIRECTOR	4.67	Lee's C  ADDRESS	Y OR CREMATORY 23  rametory 250. REC'D BY RE	Washingto		,	tote)
	Lee Funeral H	ome 300.4	th st N	E MARKE	1301	0	0	

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ter death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
04178
CERTIFICATE OF DEATH

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence pefore admission)
a. CDUNTY	a. STATE b. CDUNDO Dec
b. CITY OR TDWN (if outside corporate Ilmits,   c. LENGTH OF STAY IN 1b	c. CITY DR TOWN (1) outside corporate limits, write RURAL and give nearest town)
write RURAL and give nearest town)	Littland 11-1
Cherry	
d. NAME DF HDSPITAL DR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS  ON A FARM?
I will the state of	4138 Carlen Lane YES NOT
3. NAME DF Middle	Last 4. DATE - Month Oay Year
(Type or print)	WOOD DEATH March 18 1967
5. SEX   6. COLOR DI RACE   7. MARRIED   NEVER MARRIED   8.	OATE OF BIRTH 9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.   Jast Dirthday)   Months   Days   Hours   Min.
male while widdwed olvorceo	3/18/04 63 yrs. Mondis Bays
1Da. USUAL DCCUPATION (Give kind of work done 1Db. KIND DF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN DF WHAT COUNTRY?
during most of working life, even if retired) INDUSTRY	Leat Pleasant, md. U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Creet Word.	Bulud Librilly,
	NFDRMANT , Address
(Yes, no, or unknown) ((If yes give war or dates of service)	- Philip Wood - 483 & Coule Chi
18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN 4
PART I. OEATH WAS CAUSED BY:	Is white Comment ONSET AND DEATH
US O IMMEDIATE CAUSE (a)	7
Conditions, If any, which \ (a)	ion with Failing / year
gave rise to immediate	7
cause (a), stating the DUE TD	
underlying cause last. (c)	FO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)   19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELAT	PERFORMED?
5 hummany Cophysica	YES ND
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELAT  20a. ACCIDENT WAS UNDERLYING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED. (Enter nature of Injury in Part I or Part II of Item 18.)
20c. TIME DF INJURY Month, Day, Year   2Dd. INJURY OCCURRED   20e. PLAC	E OF INJURY (Home, farm,   20f. (City or town) (County) (State)
White Mot white	y, street, office bldg., etc.)
21. I certify that (I) (this hospital) attended the deceased from	1960, to Coful 17, 1962, that (1) (we) last
	death occurred at 7 4 7 M, from the causes and on the date stated above.
22a. SIGNATURE	ATTENDING MEO. STAFF 22b. DATE SIGNED
William M.O.	PHYS. OIRECTOR PHYS. 1 9/16/.
22c. PHYSICIAN'S NAME (Type) WM BRAININ	22d. ADORESS
	at an author some, capital togal
Burial, Cremation, 23b. Date thereof 23c. Name of Cemetery Burial 3/21/67 Addison Chape	OR CREMATORY 23d. LOCATION (City, town or county) (State)
Burial 3/21/67 Addison Chape	1 Cemetery   Prince Georges, Maryland
24. FUNERAL DIRECTOR Robert E. Wilhelm APPRESS ral Ho	me   25a. REC'D BY REGISTRAR   25b. REGISTRAR'S SIGNATURE
4308 Suitland Rd. Suitland, Maryland	DAMAR 2 0 1967 Julianes July

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		DIVISION OF THAL RECORDS, 301 W. PRESION STREET, DALIMONE,		
STATE		04179 MEDICAL EXAMINER'S CERTIFICATE OF I		04178
DEEL		PLACE OF DEATH 2. USUAL RESIDENCE (Where	e deceased lived, if institu	tion: Residence before admission)
(AN)		o. COUNTY Prince George's MARYLAND Maryland	b. COL Prin	ice George's
5		b. CITY OR TOWN (If autside carporate limits,   c. LENGTH OF STAY IN 1b   c. CITY OR TOWN (If autside		JRAL and give nearest town)
or death.		write RURAL and give nearest town)  Cheverly  DOA  Hillside		16-1
		Cheverly DOA Hillside d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS		l e. IS RESIDENO
99			CT.	ON A FARM
	1	Prince George General Hospital 5803 M. Stre	DATE Mor	
		DECEASED	OF _	6 19 <b>6'</b>
	2000	(Type or print) Roger S. Wood  SEX 6. COLOR OR RACE 7 MARRIFD NEVER MARRIED 8. DATE OF BIRTH-	9. AGE (In years	I IF UNDER 1 YEAR   IF UNDER 24
	3.	1907	last birthday)	Manths Days Haurs
		ale White WIDOWED DIVORCED 22 Oct. XIVAX	350X 591s.	I to civizen of heller
	10a duri	to, USUAL OCCUPATION (Give kind of wark dane using most of working life, even if retired)  10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or for INDUSTRY)	areign country)	12. CITIZEN OF WHAT COUNTRY?
		Mechanic Giant Food Stores Maryland		COUNTRY? U.S.A.
		3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME		
	l .	John E. Wood Gertrude E.	Schultz	
	IS.	S. WAS DECEASED EVER IN U.S. ARMED FORCES?  (Yes, no, or unknown) (If yes give war or dates af service)		ress
	(16	res, no, or unknown) (If yes give war or dotes or service) Pearl M. Wood 5	803 M St H	Hillside Md
Š.		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)		INTERVAL BETWEE
eveni wimin 72 ngurs		PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) Lacerations of brain		ONSET AND DEAT
any ev		9/13 DUE TO Multiple fractures of skull		
		Conditions, if any, which gave )		
		rise to immediate cause (a), stating the underlying cause DUE TO		
		last. (t)		
	-	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITI	ON GIVEN IN PART 1(a)	19. WAS AUTOPS PERFORMED?
	101			YES K NO
1	CERTIFICATION	200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part	1 or Part II of item 18.)	
	(ER)	PRIMARY OF CONTRIBUTING Arm of fork lift truck fell on	hond	
16	MEDICAL	20c TIME OF INITIRY Month Day Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, farm,	20f. (City or tawn)	(Caunty) (Sta
1/2	MED	Hour a.m.  Hour a.m.  11:00pmp.m. 3-6-  1967 While at work at work 6900 Sheriff Rd.	Landoren	Md. P.G.
10		TI: OODM: 11. 3-0- 107 O SHEFTII IM.	Landover,	
		21. I certify that I taok charge af the remains described above, held an Autopsy 🔀, Ir	Contract .	, , , , , ,
			, Undetermined r	nanner []
מסווסו ומ מסווסו,		ACTUAL CHIEF MEDICAL EXAL		22. DATE SIG
		STORATORE TO THE PROPERTY WENGEL EN		
2		NAME (Type) John Kenoe, M.D. Riverdale, Md. Address (Street, city		3-7-67
2	230		23d. LOCATION (City or T	
-		Buriat /3-9-1967 Addison Chapel Cemetery	Seat Pleasa	
	24	24. FUNERAL DIRECTOR WITHOUT FUNERAL HOME ADDRESS   250. REC'D BY		REGISTRAR'S SIGNATURE
		4308 Suitland Road Suitland Maryland MAR 1	0 1967 80	liarles Judge
	_	TAMETO, T	0 1001	00

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## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

STATE	04180	MEDICAL EXAMINER'S	CERTIFICATE OF	DEATH	04179
	ACE OF DEATH COUNTY		2. USUAL RESIDENCE (Whe	ere deceosed lived, if institution: b. COUNTY	
م لو ا	Prince George's  CITY OR TOWN (If outside corporate limits,	MARYLAND	Maryland	Princ	e George's
p. d. 3. N. Store Department of p. g. s.	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside	de corporote limits, write RURAL	and give nearest town)
ŧ	Cheverly	DOA	Seat Pleas	ant.	16-1
	NAME OF HOSPITAL OR INSTITUTION (If not in	hospital, give street oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
99 P	rince George General	Hospital	6401 Greig S	Street	YES NO W
3. N/	AME OF First	Middle		I. DATE Month	Day Year
DE (Tr	CEASED (YPE or print) Franc	is DeSalles	Woods	OF DEATH 3	30 19 67
S. SE			8. DATE OF BIRTH	9. AGE (In years	F UNDER 1 YEAR   IF UNDER 24 HRS.
ma			6 July 1925	lost birthdoy) N	Months Doys Hours Min.
IDo. U	ISUAL OCCUPATION (Give kind of work done	10b. KIND OF BUSINESS OR	26 July 1925 11. BIRTHPLACE (Stote or	foreign country)	12. CITIZEN OF WHAT
ma 1Do. U	most of working life, even if retired)	Pr. Geo. Ctu.			COUNTRY?
13 E	ATHER'S NAME	The fact of	Maryland 14. MOTHER'S MAIDEN NAM	ME	U.J/1
	William Woods		Mania Ca	- L.	
15. 1	WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.	INFORMANT	6/10 Address	ica Street
event within 72 haurs	no or unknown) (If yes give wor or dates of se	rvice) 220-16-5787 Be	ttu louisa W	nty 640 Migr 2001s -Seat Ple	reg societi
£	IB. CAUSE OF DEATH (Enter only one couse	ner line for (a) (b) and (c)	my Louise W	jour -seur ixe	INTERVAL BETWEEN
É	DADY I DEATH WAS CAUCED BY	Generalized perito	nites		hours
eve		Perforation of duc			hours
	Conditions, if ony, which gove ) (h)	Recurrent duodenal			over 5 yrs.
	ise to immediate couse (a), DUE TO		C. M. C. C.		0461 ) 3150
	ost. (c)				
1, 1	PART II. OTHER SIGNIFICANT CONDITIONS CONT	RIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDI	TION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
1 101	7 1 2 3				YES X NO
	2Do. EXTERNAL CAUSE WAS	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Par	t I ar Part II of item 1B.)	
	PRIMARY 🗀 or CONTRIBUTING 🗆 CAUSE OF DEATH.				
MEDICAL	2Dc. TIME OF INJURY Month, Day, Year		CE OF INJURY (Home, form,	20f. (City or town)	(County) (Stote)
MED	Hour o.m. p.m. 19	While Not While of work of work	tory, street, office bldg., etc.)		
	21. I certify that I taok charge a		eld an Autansy	Inspection x, Inquiry	y 🔀, and in my opinion
				Undetermined man	
	O CONTROL TO THE CONTROL THE CONTROL TO THE CONTROL THE CONTROL TO THE CONTROL TH	TO THE SERVICE OF THE	CHIEF MEDICAL EX		
	ACTUAL SIGNATURE	11 ch st	M.D. ASSISTANT MEDICA		22. DATE SIGNED
	EYAMINED'S	1121	DEPUTY MEDICAL I		
2 230.	NAME (Type) John Kehoe, M	.D. Riverdale, Md	• Address (Street, ci	ity, town, or county)	3-31-67
230.	BURIAL CEMATION 23 DATE THERE		CREMATORY	23d. LOCATION (City or Town)	) (Caunty) (State)
1	During 1/3/67	1 Anlington Nat	tional Cem.	Arlington V Y REGISTRAR 255, REGIS 1967 July	inoinia
24.	FLOOR	Arlington Nat	Be 250. REC'D B	Y REGISTRAR 2Sb. REGIS	TRAKS SIGNATURE
(5)	words I hus	Willington, Virgi	nia APR 5	1967 gelie	wees judge
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VR A15 (4) 20 M 1/66 MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS 301 W PRESTON STREET RALTIMORE MARYLAND 21201

94181	CERTIFICATE	OF DEATH	EI, DALIMORL, MART	04100	
1. PLACE OF DEATH		2. USUAL RESIDENCE (V	Where deceosed lived, if institu	tion: Residence perore odmis:	sion)
a. COUNTY /	1 10 1/ MADIN 1110	o. STATE	0 . , b. COU		0
Tune Des	MARYLAND MARYLAND	CITY OD TOWN III	yland	munce le	eorg
b. CITY OR TOWN (If outside corporate limits, write BURAL and give nearest town)	c. LENGTH OF STAY IN 16	C. CITT OR TOWN (IT OU	tside corporate limits, write RU	KAL ond give neorest town)	0
Lanham		1 Down	-	16-	/
d. NAME OF HOSPITAL OR INSTITUTION (If not	in hospitol, give street oddress)	d. STREET ADDRESS		e. IS RES	SIDENCE FARM?
Magnolia Garde	us nursing Hame	8627 Fark	ave.	YES	NO 12
3. NAME OF DECEASED (Type or print) James	t Q Middle	Lost	4. DATE Mon		Year
	Jethnel	W00 d3			9 6 7 DER 24 HRS
S. SEX 6. COLOR OR RACE		B. DATE OF BIRTH	9. AGE (In years last birthdoy)	Months Doys Hours	
male white	WIDOWED DIVORCED	mar. 20,1	880 87 Yrs.		
10o. USUAL OCCUPATION (Give kind of work done	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County	& Stote, or foreign country)	12. CITIZEN OF WHAT	
during most of working life, even if retired)	INDUSTRY	ViRgi	Nico	COUNTRY?	
13. FATHER'S NAME	PO   CC   37   O C   CC   CC   CC   CC   CC   CC	14. MOTHER'S MAIDEN I			
S 0 = 1	-0.	Unh			
1S. WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. I	INFORMANT		220	
(Yes, no, or unknown) (If yes give wor or dotes of	service)		8605 Addr	Earl and	
NO	(wi	Iliam C. Wo	ods Bowi	e, me	
18. CAUSE OF DEATH (Enter only one couse		145		INTERVAL B	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c	central theral	mus		ONSET AND	DEATH
332 X DUE T			PARTIE TO THE STATE OF THE STAT		
Conditions, if ony, which gove )	0)				
rise to immediate couse (a),				ATTENDED TO THE STATE OF	
storing the underlying couse					
	c)		INTERNAL CREEK IN CART III	I to the all	ITODOV
PART II. OTHER SIGNIFICANT CONDITIONS CO	NTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CON	NOTITION GIVEN IN PART I(0)	19. WAS AU PERFOR	MED?
200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  OR CONTRIBUTING  (IF EITHER NOTIFY MEDICAL EXAMINER)	With the late of t			YES	NO [
差 20o. ACCIDENT WAS UNDERLYING □	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in	Port I or Port II of item 1B.)		
G OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)					
20c. TIME OF INJURY Month, Doy, Yeor Hour o.m.	20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, form	, 20f. (City or town)	(County)	(Stote)
Hour o.m.	White Not While foct	tory, street, office bldg., etc.)			
p.111.	ot work U ot work U	1 -	000 : 2/241	7. % 10 d + (I)	/ ) ]
	ital) attended the deceased fram			<b>∠</b> 7, 19, that (I)	
saw the deceased alive an	27, 73 19 U , and tho	death occurred at	12 0M, fram causes		ed abov
220. SIGNATURE		ATTENDING -	MED. STAFF	22b. DATE SIGNED	,
I don 1 W	by 2,50 M.		DIRECTOR L PHYS. L	3/30/61	
22c. PHYSICIAN'S		22d. ADDRESS			
NAME (Type) Leon K.	hevitsky				
230. BURIAL, CREMATION, 23b., DATE, THER	EOF 23c. NAME OF CEMETERY OR	CREMATORY	23d. LOCATION (City or To	own) (County)	(Stote)
230. BURIAL, CREMATION, 23b. DATE THER 4/3/67	Ft. Lincoln	n	Colmar Ma		Md.
24. FUNERAL DIRECTOR:	ADDRESS	2So. RECT	BY REGISTRAR 2Sb. R	EGISTRAR'S SIGNATURE	
1 1 3	4 2 1 . Ita : 1	le, mod APR		varley Judge	
Lasch & Tuneral	Maris VII	DATE	0 100/	The said	4

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